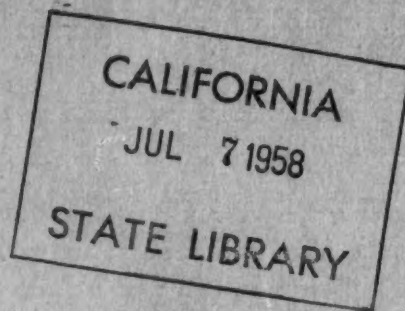


# Rehabilitation Literature

July, 1958  
Vol. XIX, No. 7



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Selected Abstracts of  
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to Workers with the Handicapped

The Library does not stock for sale publications indexed in this issue. Orders should be sent directly to the publisher, or, in the case of books, through the local bookstore. The addresses of authors of periodical articles are given, when known, in parentheses following their names.

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REHABILITATION LITERATURE serves as a monthly supplement to the reference book *Rehabilitation Literature 1950-1955*, compiled by Graham and Mullen, published in 1956 by the Blakiston Division of McGraw-Hill, New York.

REHABILITATION LITERATURE is compiled for use primarily by physicians, occupational, physical and speech and hearing therapists, nurses, welfare workers and administrators, school administrators and teachers of exceptional children, psychologists, vocational counselors and employment personnel, and for students entering these professions.

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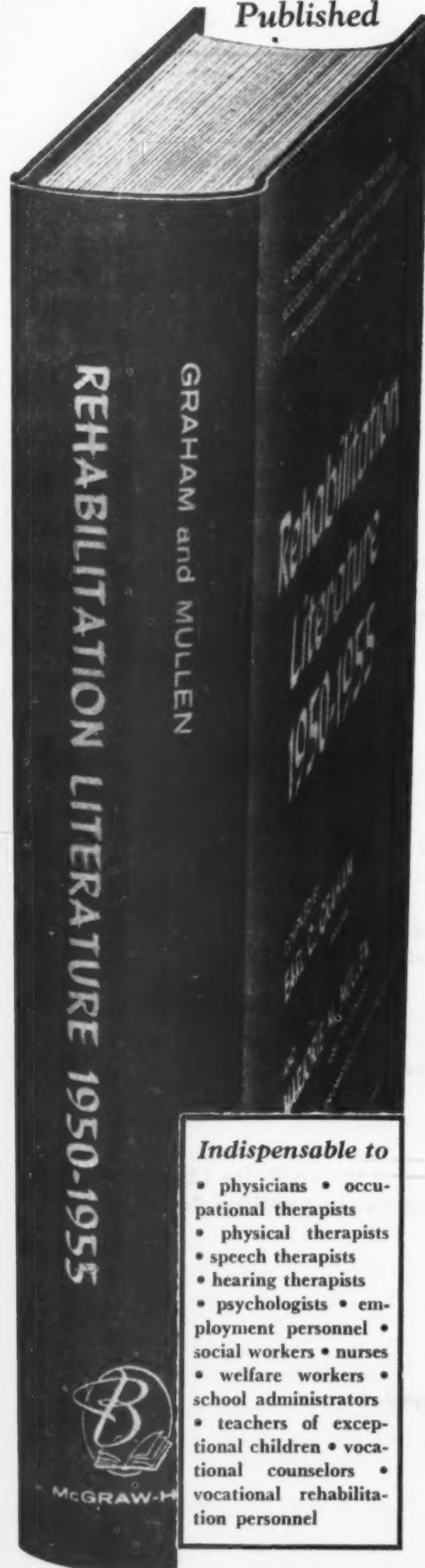
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## REHABILITATION LITERATURE

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July, 1958

Vol. XIX, No. 7

The monthly issues of this abstracting bulletin serve as a supplement to the reference book Rehabilitation Literature 1950-1955, compiled by Graham and Mullen and published in 1956 by McGraw-Hill, New York.

### New Additions to the Library's Periodical Collection

Journal of Speech and Hearing Research. American Speech and Hearing Association, 1001 Connecticut Ave., N.W., Washington 6, D.C. Vol. 1, no. 1, March, 1958. Quarterly. \$5.00 a year (\$5.50 outside U.S.A.); \$1.35 a copy.

\* \* \* \* \*

## ACCIDENTS

See 838.

## AMPUTATION

718. Lowenthal, Milton (1 E. 105th St., New York 29, N.Y.).

Rehabilitation of the elderly double above-knee amputee, by Milton Lowenthal, Abraham O. Posniak, and Jerome S. Tobis. Arch. Phys. Med. and Rehab. May, 1958. 39:5:290-295.

The elderly (over 60) double above-knee amputee presents difficult problems in rehabilitation; formerly these patients were generally considered permanently wheelchair-bound but reevaluation of their status shows that selected patients can become ambulant. Significant factors involved in the selection of possible candidates for rehabilitation are discussed, as well as problems arising in their care. Admittance of 50 such cases to Bird S. Coler Hospital, New York City, has afforded an opportunity to study the effect of amputations on body function; these observations are offered in preliminary form.

## AMPUTATION--EQUIPMENT--FRANCE

719. France. Ministry for Veterans Affairs

The mobile limb-fitting units of the .... Rehab. Bul., World Veterans Fed. 1958. 13:11-19.

A detailed description of mobile units used in the rehabilitation of veterans of the French African army; the mobile group consists of two separate vehicles--a workshop and a store, the latter used for storage of materials and appliances. Such units are most useful in countries where great distance and difficult terrain separate disabled veterans, making centralized service impossible. Technical specifications for the construction of the units are included; blueprints are available from World Veterans Federation, 16, rue Hamelin, Paris 16<sup>e</sup>, France.

## AMPUTATION--EQUIPMENT--RESEARCH

720. California. University. Department of Engineering

Sensory problems in psychomotor performance of amputees; an investigation of the adequacy of remaining sensory clues for prosthesis performance on two visuo-motor tasks, by Hilde Groth and John Lyman. Los Angeles, The University, 1958. 49 p. figs., tabs. (Report no. 58-19, Feb., 1958. Special technical rep. no. 26)



## AMPUTATION--EQUIPMENT--RESEARCH (continued)

A report of further research conducted by the University of California as part of the Engineering Artificial Limbs Project under the program of the Prosthetics Research Board, National Academy of Sciences-National Research Council. Purpose of this particular study was to evaluate three possible sources of performance decrements of amputees--inadequate sensory information during prosthesis performance, increase in duration of the mechanical motions as compared to normal movements, and increase of the "central integration time" during a task complicated by the prosthesis. It was hoped that identification of the principal source of decrement would serve as a guide to modifications in the engineering design of the prosthesis in the form of sensory aiding devices. Described are methods and equipment used in the study, findings, and conclusions resulting from the experiment. It was inferred that amputees apparently have fairly adequate sensory control for performance of simple visuo-motor tasks, but those involving gross motions show impairment of performance. No design recommendations could be made until performance of tasks in which vision is obstructed is studied.

Issued by Institute of Industrial Cooperation, Dept. of Engineering, University of California, Los Angeles 24, Calif.

## AMPUTATION (CONGENITAL)--SOCIAL SERVICE

721. Gurney, Wilma (Child Amputee Prosthetics Project, Univ. of Calif. Med. Center, Los Angeles, Calif.)

Parents of children with congenital amputation. Children. May-June, 1958. 5:3:95-100.

A project report of a study of prosthesis acceptance in children with congenital amputation and the reactions of their parents. Administration of the family-oriented program at the University of California Medical Center in Los Angeles is discussed, as well as the role of the social worker in prosthetics planning and preliminary findings based on interviews with the parents of 25 children with congenital amputation. Evaluation of the potential of the patient and his parents for prosthesis acceptance is vital in view of limited community resources for this type of care and the high costs involved in training and provision of the prosthesis. The psychological affect of failure in initial use of a prosthesis can make acceptance at a later date more difficult, if not impossible.

## APHASIA

722. Houchin, Thomas D.

Home exercises in language for aphasic patients; (speaking, reading, writing, gesturing). Cambridge, Mass., Holy Ghost Hospital, 1957. 8 p.

A pamphlet prepared for members of the aphasic patient's family to aid them in understanding the nature of the disability and to show how they may help the patient at home in relearning speech and language. In addition to concrete illustrations of exercises for practice by the patient, reactions of the aphasic person to everyday situations and to the relearning process are explained. The author, who serves as speech pathologist in the Rehabilitation Unit of Holy Ghost Hospital, Cambridge, Mass., has found this type of home aid invaluable to patients.

Available from Rehabilitation Unit, Holy Ghost Hospital, 1575 Cambridge St., Cambridge, Mass., at 30¢ a copy, postpaid.

## ARCHITECTURE

See 759.

## ARTHRITIS

### 723. Arthritis and Rheumatism Foundation

Osteoarthritis; a handbook for patients. New York, The Foundation, c1958. 20 p. illus.

Based on a publication issued by the Canadian Arthritis and Rheumatism Society, this booklet is intended for osteoarthritis patients and the general lay public to promote better understanding of the nature of the disease, its causes and symptoms, and what should be done to lessen the discomfort it causes.

Discussed are the role of diet, proper posture, reduction of strain on joints, use of heat and therapeutic exercises, role of the physical therapist, and drugs used in treatment. Orthopedic appliances and surgery in osteoarthritis are also considered. The booklet is not intended for use as a guide to self-treatment. The necessity for early and accurate diagnosis of the disease and proper medical management is stressed.

Available from local chapters of the Arthritis and Rheumatism Foundation or from the Foundation, 10 Columbus Circle, New York 19, N. Y., on request.

## ASTHMA--MEDICAL TREATMENT

See 828.

## BLIND--BIOGRAPHY

See 830.

## BLIND--EMPLOYMENT

### 724. Brady, John (Detroit League for the Handicapped, 1401 Ash St., Detroit 8, Mich.)

Principles and techniques of placement, by John Brady and Raymond J. Wuenschel. New Outlook for the Blind. May, 1958. 52:5:177-181.

Describes principles and techniques basic in the placement field as they have been applied by the Detroit League for the Handicapped in its social and vocational rehabilitation program for the severely disabled. Defined are the duties, responsibilities, and qualifications of the placement specialist and the techniques to be employed in bringing worker and employer together when a suitable employment opportunity occurs.

## BLIND--INSTITUTIONS

### 725. Barraga, Natalie (Texas School for the Blind, West 45th St., Austin, Texas)

Social opportunities available to students in residential schools. Internatl. J. Educ. of the Blind. May, 1958. 7:4:110-115.

A report and analysis of findings of a study to determine the nature and extent of social opportunities offered residential students in schools for the blind. Questionnaires were sent to superintendents of 46 schools, of which 37 replied concerning the employment of a social director, population of schools, student participation in social planning, recreational facilities available, types of activities, contact with the community in social activities, and rules governing social activities on the campus and in the community. Recommendations based on findings and conclusions of the study are presented.

## BLIND--MENTAL HYGIENE

See 784.

## BLIND--PARENT EDUCATION

726. Brown, M. S. Colbourne (Royal Natl. Institute for the Blind, London, Eng.)  
Education of parents of blind children. Internatl. Child Welfare Rev. 1957.  
11:4:163-172.

In this paper read at the International Conference of Educators of Blind Youth in 1957, the author describes the appropriate "climate" for parent education in work with the blind, objectives of such teaching, and special ways of giving help. Some recent activities of the Royal National Institute for the Blind in Great Britain are discussed, particularly the Parents' unit, the Consultants' Clinic, home visiting by the Head of a Sunshine Home Nursery School, pamphlets for parents and public authorities, parents' visits to schools, and facilities for the accommodation of parents during parents' "schools" and "weekends."

## BLIND--PERSONNEL

727. Tickton, Sidney G.

Professional and technical workers for the blind; how much are they paid? New York, Am. Foundation for the Blind, 1958. 36 p. tabs.

From a survey conducted by the U.S. Bureau of Labor Statistics at the request of the American Foundation for the Blind and with financial assistance from the U.S. Office of Vocational Rehabilitation, data on personnel in agencies providing services for the blind were obtained. With the aid of this data, Mr. Tickton, manager of technical services for the Seventh Co. of New York, prepared a report for the Foundation, comparing salaries of professional and technical workers serving the blind with those of persons in other occupations and industries. Study of the statistics revealed that salaries of those serving the blind are unbelievably low and compare unfavorably with salaries in comparable fields, and with salaries of persons employed in work requiring less training and experience. Although most of the material studied covers the latter part of 1955, available data covering the period from 1955 to the present show little or no change in the relationship of comparative salaries. Additional statistical tables and notes, setting forth the sources of the figures and the bases of their compilation, appear in the appendix.

Available from American Foundation for the Blind, 15 W. 16th St., New York 11, N. Y., at 40¢ a copy.

## BLIND--RECREATION

728. Saul, Sidney R. (N. Y. Guild for the Jewish Blind, 1880 Broadway, New York 23, N. Y.)

Group work with blind people. New Outlook for the Blind. May, 1958.  
52:5:166-172.

The author, from his experience as director of group work and recreation at the New York Guild for the Jewish Blind, shows how group activities can help the individual adjust to the group and the group to society. Social adjustment is complicated by attitudes of the blind toward themselves, other blind people, and the sighted world, and on the other hand, by the attitude of the sighted toward the blind. Mr. Saul defines group work, the role of the group worker, how needs of the blind are met through group work, and objectives of a group work program for the blind.



## BLIND--SPECIAL EDUCATION

729. Mitchell, Paul C. (999 Pelham Parkway, New York 67, N. Y.)

The golden decade; ten years of progress in the education of visually handicapped children. Internatl. J. Educ. of the Blind. May, 1958. 7:4:105-109.

A report on progress made in additional buildings and equipment, expanded and improved curricula, and increased interest in personality development of blind students at residential schools throughout the United States. In addition, research in Braille, new programs for the cerebral palsied blind, the deaf-blind, and slow-learning children, parents' institutes, recreational programs, increased emphasis on standards of scholarship, and training and experience of teachers of the blind are further evidence of advances in this area of special education.

## BRACES

See 817.

## BRAILLE--BIBLIOGRAPHY

730. American Foundation for the Blind

Manuals for instruction in braille and Moon type. New York, The Foundation, 1958. 11 p.

A listing of currently available primers and instruction courses for the teaching of braille and Moon type to the blind. Publications included cover braille Grades I to III, braille mathematical and music codes, braille shorthand, braille reference works, miscellaneous shorter reference tools, and the only Moon primer published in the United States. Publishers' addresses are listed separately. Entries contain full bibliographic information, including price, and are very briefly annotated.

The bibliography is available from American Foundation for the Blind, 15 W. 16th St., New York 11, N. Y.

## CAMPING--FRANCE

731. Readaptation. Apr., 1958. No. 49.

Partial contents: Comment concevoir une colonie de vacances pour paralyses, M. Roy, p. 4. -Le probleme des activites dans une colonie de vacances pour paralyses, A. Ziffo, p. 8. -Les colonies de vacances pour enfants diabetiques, P. Rambert and J. Bamberger, p. 13. -Les colonies de vacances pour cardiaques, M. Gautier, p. 15. -Adapter les enfants a une vie sociale normale, tel est principal but des colonies de vacances pour enfants aveugles, L. Cote and P. Boury, p. 21. -Camps de scoutisme d'extension, M. Levy-Danon, p. 23.

A group of articles on holiday facilities for the handicapped in France; groups considered are the orthopedically handicapped, the blind, the diabetic, and children with heart disease. The final article concerns Scouting for handicapped boys.

Available from Readaptation, 10, rue de Sevres, Paris 7, France at 200 Frs. a copy.

## CAMPING--ILLINOIS

732. Welfare Council of Metropolitan Chicago (123 W. Madison St., Chicago 2, Ill.)

First the person, then the disability; a report of the Consultant Project on camp and city leisure time services for the handicapped. Chicago, The Council, 1958. 33 p. 75¢.

### CAMPING--ILLINOIS (continued)

A report of camping services for the handicapped in the Chicago area currently available for those with rheumatic fever and/or heart disease, diabetes, orthopedic and/or neurological disability, and for children who are blind, deaf or hard of hearing, mentally retarded, epileptic, or asthmatic. Part I discusses sponsorship and objectives of the Project, recommendations for on-going services, observations and questions relative to planning needs of children with disabilities. Part II offers facts on disability, methods of implementing the Project's work, special considerations in the operation of camps for the orthopedically handicapped, and a description of existing services by disability categories.

Three previous reports made by the Project Consultant, primarily summarizing work being done through the Project, are available also from The Welfare Council of Metropolitan Chicago. The Chicago Section of the American Camping Assn. cooperated with the Council on the Project.

### CEREBRAL PALSY--FRANCE

733. Anderson, Lilian Landauer (1581 W. 7th St., Brooklyn 4, N. Y.)

A cerebral palsy treatment center in France. Cerebral Palsy Rev. Mar.-Apr., 1958. 19:2:4-5.

Describes the current status of services for the cerebral palsied in France, Dr. Guy Tardieu's work at the hospital of Bicerte and the type of treatment provided at Hospital Raymond Poincare de Garches, opened in 1957. Activities of the parents' association and an additional organization for the handicapped are mentioned.

### CEREBRAL PALSY--GREAT BRITAIN

734. Lawson, David (Cerebral Palsy Unit, Queen Mary's Hosp. for Children, Carshalton, England)

A cerebral palsy service for children. Lancet. Apr. 19, 1958. 7025:840-842. In same issue: Cerebral palsy (an editorial), p. 836-837.

An analysis of the experience of the diagnostic clinic and with new entrants to the parental advice clinic between 1954-1956, during which time 206 cases were referred. Initial assessment of cases and the extent to which advice-clinic services are accepted and used are discussed. Certain unresolved problems, one of the most serious of which arises from referrals at a late age, are considered. Findings revealed that 34% of the 206 cases gave evidence of mental defect only. Of the children with cerebral palsy about one quarter were considered sufficiently intelligent to receive normal education, while nearly 40% were probably uneducable. It was thought that half the group would always be fully dependent. Services of the advice-clinic, offered in all cases of cerebral palsy, were accepted in just over one-half the cases.

The editorial reviews the wide variety of problems which cerebral palsy presents, the need for the best possible treatment of the motor defect, the difficulty of early diagnosis, community and family responsibility in treatment programs, the proper educational environment for the cerebral palsied, and the need in Great Britain for coordination of the efforts of two national societies working in behalf of the cerebral palsied.

### CEREBRAL PALSY--BIOGRAPHY

735. Caylor, Robert L.

Out of the backroom; a study of the social frustrations of the cerebral palsied. Cleveland, Miss., The Author, c1958. 35 p. illus.

## CEREBRAL PALSY--BIOGRAPHY (continued)

Because of emotional and physical problems the author has personally experienced due to the severity of his disability from cerebral palsy, he has more than the usual insight in regard to the social frustration engendered by disability. He explains the nature of cerebral palsy, the problems it poses, especially in the area of social development, and community efforts to reduce these frustrations. A section is devoted to the value of recreation in care and treatment of the cerebral palsied; specific instructions are given for games suitable for the handicapped. Mr. Caylor has used case material extensively to illustrate that the handicapped have the same needs as the able-bodied but are faced with problems of adjustment in attaining their objectives. Parents, the cerebral palsied themselves, and those who work with the handicapped will find this booklet of interest.

Available from Robert L. Caylor, 900 S. Court St., Cleveland, Miss., at \$1.50 a copy.

See also 829.

## CEREBRAL PALSY--EMPLOYMENT

736. Schiller, Edgar J. (309 North St., Buffalo, N. Y.)

Organizing a vocational program for a cerebral palsy agency. Cerebral Palsy Rev. Mar.-Apr., 1958. 19:2:9-11, 14.

A report on the organization and progress of the vocational program of the Cerebral Palsy Assn. of Western New York. Details of preliminary planning and experiences of one year's operation of the program are discussed. Services provided are work evaluation, job exploration, and placement in outside employment or in a sheltered workshop maintained by the Association. The writer, who is the Association's Executive Director, gives a full account of the administration of the program, tells how it is coordinated with existing community services, and describes techniques which have been employed.

## CEREBRAL PALSY--INSTITUTIONS--GREAT BRITAIN

737. Palmer, K. W. Nicholls (St. Mary's Hospital, Colchester, England)

Prested Hall; a residential centre for adult spastics. Lancet. Apr. 19, 1958. 7025:842-844.

A further description of a residential center for 30 men and women severely handicapped by cerebral palsy, opened by the National Spastics Society in 1955. (For additional information, see article listed in Rehabilitation Literature, Apr., 1957, #444). Believed to be the only center of its kind in the world offering residential physical, occupational, and speech therapy, with the opportunity to lead a fuller life than is normally possible for the handicapped person in the home or institution, it has produced encouraging results. Only 2 of 11 women residents could walk at the time of admission; within 8 months' time 9 were able to ambulate with or without mechanical aids. Physical facilities and the treatment program are described.

## CEREBRAL PALSY--MEDICAL TREATMENT

See 770.



#### CEREBRAL PALSY--PSYCHOLOGICAL TESTS

738. Allen, Robert M. (Dept. of Psychology, Univ. of Miami, Coral Gables 46, Fla.)

Suggestions for the adaptive administration of intelligence tests for those with cerebral palsy; Part II. Administration of the Vineland Social Maturity Scale, the Gesell Preliminary Behavior Inventory, and the Cattell Infant Intelligence Scale. Cerebral Palsy Rev., Mar.-Apr., 1958. 19:2:6-7. Reprint.

At the United Cerebral Palsy Rehabilitation Center, Miami, Fla., the most commonly used intelligence tests are divided into two categories; this article discusses those assigned to the second category which emphasizes the accumulation of information regarding the testee's development in various areas from sources other than the testee. Reports of the testee's behavior are obtained from a competent observer who is able to provide valid information. Although the Vineland Social Maturity Scale and the Gesell Preliminary Behavior Inventory are not primarily intelligence scales in the narrow sense of the term, they make possible an evaluation of adequacy of behavior and level of development. Used in conjunction with formal intelligence tests, they furnish complementary data essential to a more complete understanding of the functioning person. Dr. Allen states the Cattell Scale is least useful with the moderately or severely involved child in its present form. Part I of the article, which appeared in Cerebral Palsy Rev., May-June, 1955, discussed 4 other tests used with the cerebral palsied; it is suggested that all 7 tests be included in the psychologist's repertory when undertaking assessment of motor involved children.

739. Hohman, Leslie B. (Duke Univ. School of Med., Durham, N.C.)

Further studies on intelligence levels in cerebral palsied children, by Leslie B. Hohman and Donald K. Freedheim. Am. J. Phys. Med. Apr., 1958. 37:2:90-97.

Reports findings of a further sampling of cerebral palsied children referred to the North Carolina Cerebral Palsy Hospital from 1952 (the date of a previous study) to the present. Testing of 1003 children between the ages of 7 months and 16 years revealed the tragic frequency of mental retardation in the cerebral palsied. The authors concluded that the number of the cerebral palsied who are truly educable for any economic independence is probably much less than 40 per cent, since from the 40 per cent who have IQ's above 70 a number of cases must be subtracted because their physical handicaps are sufficiently severe to prevent a useful or usable education. It is now generally accepted that a fairly reliable estimate of most cerebral palsied children's functional IQ's can be determined. Results of the present study correspond closely with those of the 1952 series reported by Dr. Hohman. Findings have implications for the education and training of the cerebral palsied.

#### CEREBRAL PALSY--SPEECH CORRECTION

740. Irwin, Orvis C. (Iowa Child Welfare Research Station, State Univ. of Iowa, Iowa City, Iowa)

A fourth short consonant test for use with children with cerebral palsy. Cerebral Palsy Rev. Mar.-Apr., 1958. 19:2:12-14.

Another in the series of short articulation tests for evaluating the speech sound status of cerebral palsied children. Criteria set up for the standardization of previous tests in the series were applied to the current test. Since it met the five statistical criteria for test construction, it can be used profitably by speech therapists along with the three previously reported (see Rehabilitation Literature, May, 1958, #467).

## CHILD WELFARE--RESEARCH

### 741. U. S. Children's Bureau

Research relating to children... reported August 1, 1957-February 28, 1958. Washington, D.C., Gov't. Print. Off., 1958. 147 p. (Bul. 7)

A report by the Clearinghouse for Research in Child Life, U. S. Children's Bureau, on research studies currently in progress or recently completed. Studies relate to long-term research, growth and development, personality and adjustment, the educational process, exceptional children (including the physically handicapped), family attitudes and child-rearing practices, social, economic, and cultural influences, health and social services. In addition to indexes on organizations and investigators involved in research, a subject index and a list of other abstracting journals and services are included. The latter is a new feature of research bulletins published by the Clearinghouse.

This issue available from U. S. Superintendent of Documents, Government Printing Office, Washington 25, D.C., at \$1.00 a copy.

## CHILDREN--GROWTH AND DEVELOPMENT

### 742. Jones, A. Parry (Deputy Med. Officer of Health, Cheltenham, Glos., England)

The heights and weights of educationally subnormal children, by A. Parry Jones and W. Murray. Lancet. Apr., 26, 1958. 7026:905.

Presents findings on comparative heights, weights, and IQ of the "educationally subnormal" and normal children; subnormal children were those attending two junior special day schools in England. A considerable difference in physique was revealed between normal and subnormal children; there was no significant difference between boys and girls in the subnormal group. The degree of underdevelopment was spread evenly between all age-groups except the youngest where the number examined was small. Although the standard of living in Great Britain has risen in the past twenty years, findings of this study are similar to those of studies made 20 years previously where the subnormal are concerned. It is suggested that direct additional feeding of children in schools for the educationally subnormal might result in rewarding gains.

## CHILDREN'S HOSPITALS

### 743. American Society of Anesthesiologists (118 W. Randolph St., Chicago 1, Ill.)

When a child goes to the hospital. Chicago, The Society (1958). n.p. illus. 6¢.

A small parent education pamphlet designed to aid in the preparation of children for the experience of hospitalization and surgery. The why's and wherefore's of certain hospital routines and procedures are pictured and the role of the anesthesiologist explained. Wise attitudes of parents and a calm, matter-of-fact explanation to the child of what he may expect can do much to eliminate the emotional trauma of hospitalization for the child.

## CHRONIC DISEASE--MISSOURI

### 744. Costello, Joseph P., Jr. (5800 Arsenal St., St. Louis, Mo.)

St. Louis Chronic Hospital program, by Joseph P. Costello, Jr. and George M. Tanaka. J. Am. Med. Assn. May 3, 1958. 167:1:7-13.

#### CHRONIC DISEASE--MISSOURI (continued)

A progress report on the St. Louis Chronic Hospital's approach to the city's problem of aging and chronic illness. The author gives a brief history of the Hospital, describes the basic philosophy of the chronic illness program and suggests the responsibility of community medical societies in promoting use of auxiliary services in home care programs. Preventive aspects, hospital care and rehabilitation services are discussed.

#### CLEFT PALATE--SPEECH CORRECTION

745. McWilliams, Betty Jane (Univ. of Pittsburgh, Pittsburgh 13, Pa.)

Articulation problems of a group of cleft palate adults. J. Speech and Hearing Research. Mar., 1958. 1:1:68-74.

A report of a research study to determine what type of articulation errors tend to occur in a population of cleft palate adults. Subjects were 48 adults between the ages of 17 and 59, selected from a university clinic, a community center, and private practice. There was no attempt to control such variables as classification of the original cleft, amount or type of surgery, orthodontic intervention, presence or absence of a speech aid, or experience in a speech clinic. Methods and results of the study are discussed. Results were interpreted as indicating that cleft palate individuals probably have greater need for clinical attention to sibilant sounds than to any other sound classification, and will show greater improvement when these sounds are attacked first. Application of the data to other research problems in cleft palate speech is considered. Incidence of distortion of consonant sounds was great enough to suggest need for further basic study. Findings of similar studies of articulatory defects in cleft palate persons are reviewed briefly.

#### CLINICS (ITINERANT)

See 719.

#### CLINICS (ITINERANT)--GREAT BRITAIN

746. Adams, G. F.

Rehabilitation of the elderly invalid at home; an experiment in restoration of activity after illness amongst old people in their homes in Belfast, by G. F. Adams, F. M. McQuitty, and M. Y. Flint. London, Nuffield Provincial Hospitals Trust, 1957. 46 p. illus., tabs.

Encouraged by the surprising recuperative powers of elderly patients as observed in hospital geriatric units, the Nuffield Provincial Hospitals Trust made a grant to the Belfast City Hospital for the purpose of investigating the usefulness of a home care program provided by the Hospital. The research project was set up for a trial period of one year. The pamphlet reports on results of the program, methods employed, response of general practitioners to the program, administrative details, social data collected during the study, and information on equipment used by the physical therapist in her home calls. Designed to provide medical care and physical therapy as practiced in the hospital, the program was administered to disabled elderly invalids who did not want or need regular hospital care. Effective rehabilitation of two-thirds of the 85 patients thus treated was encouraging; the scheme was especially successful in the rehabilitation of hemiplegic patients. Case histories are included to illustrate patient response and results of the program.

Available from Nuffield Provincial Hospitals Trust, Nuffield Lodge, Regent's Park, London, N. W. 1, England at 3s Od a copy (approximately 54¢).



#### CONGENITAL DEFECT--ETIOLOGY

See 805.

#### CONGENITAL DEFECT--MEDICAL TREATMENT

See 838.

#### CONVALESCENCE--INSTITUTIONS--GEORGIA

747. Georgia. Department of Public Welfare (Hosp. Services, Ga. State Dept. of Welfare, State Office Bldg., Atlanta 3, Ga.)

A study of nursing homes in Georgia by the ... for the 1958 General Assembly, pursuant (H. R. No. 211, 1957). Atlanta, The Dept., 1957. (69) p. tabs., map. Mimeo.

A summary of data collected in a comprehensive survey of all nursing homes for the aged in Georgia, undertaken at the request of the General Assembly. Detailed information on housing facilities and related services (qualification of operators, number and type of employees, characteristics of patients, medical, dental, recreation and therapy services provided, and financial data) are included on 142 homes. Additional material in the appendix covers a report of a survey of dental conditions in nursing homes in Fulton County and a statement of nursing home problems in the State.

#### CONVALESCENCE--INSTITUTIONS--PERSONNEL

See 833.

#### DEAF-BLIND--BIOGRAPHY

See 830.

#### DRUG THERAPY

748. Park, Herbert W. (1200 E. Broad St., Richmond 19, Va.)

Clinical results with methocarbamol, a new interneuronal blocking agent. J. Am. Med. Assn. May 10, 1958. 167:2:168-172.

In same issue: Methocarbamol (Robaxin) in orthopedic conditions; preliminary report of one hundred cases, H. Francis Forsyth, p. 163-168. - Methocarbamol; new agent in the treatment of neurological and neuromuscular diseases, Desmond S. O'Doherty and Charles D. Shields, p. 160-163.

Reports results of administering methocarbamol (Robaxin) to approximately 110 patients with various forms of neuromuscular disease marked by involuntary muscular activity. In 30 patients with pyramidal tract and acute myalgic disorders, use of the drug resulted in significant improvement in 90 per cent of the group. No change was evident in 12 patients with chronic arthritic, extrapyramidal and myalgic disorders. In all but 2 patients side-effects were reversed on slight reduction in dosage. Further study of this type of medication is warranted.

Dr. Forsyth (Bowman Gray Med. School, Wake Forest Coll., Winston-Salem, N.C.) reports on results obtained in 100 patients administered methocarbamol for the relief of pain and muscle spasm in acute and chronic orthopedic conditions (especially herniated lumbar and cervical disks) and during convalescence following orthopedic surgery. Side-effects were minor but occasionally it was necessary to reduce dosage or interrupt medication. The drug was found particularly useful in such procedures as the reduction of dislocated shoulders without anesthesia and manipulating spastic feet.

#### DRUG THERAPY (continued)

Drs. O'Doherty and Shields report results of 75 trials of the drug performed in 70 patients with skeletal muscle hyperactivity secondary to neurological disorders. Evaluation of the efficacy of the drug was made according to the degree of change in major symptomatology, such as spasm, incoordination, contractures, rigidity, and spasticity. Excellent results were obtained in all patients with acute skeletal muscle spasm and good results in 72 per cent of the patients with both acute and chronic spasm. Improvement was noted in patients with incoordination. Failure of the drug in the dosage administered was noted in all patients studied with contractures, rigidity, spasticity, and chronic fibromyositis. Methocarbamol is judged to be of value in muscle spasm and severe flexor spasms accompanying cord disease and has limited use in the treatment of incoordination.

749. Perlstein, Meyer A. (4743 N. Drake Ave., Chicago 25, Ill.)

Electromyographic observations in patients with tetanus; with special reference to the effect of drugs, by Meyer A. Perlstein, Marcos Turner, and Harry Elam. Arch. Phys. Med. and Rehab. May, 1958. 49:5:283-289.

A report of observations of seven adult patients with tetanus, 4 of whom were heroin addicts, and their treatment with various drugs. All were followed clinically and electromyographically both in the acute stage of the disease and during treatment with drugs. EMG activity before medication was characterized by silence or by fasciculatory and repetitive activity in the intervals between spasms and by an interferential curve during the spasms. Effects of chlorpromazine, pentobarbital, meprobamate and MR 710 on electromyographic activity are described. Pharmacologic action of the various drugs used in treatment may be due, the authors believe, to a reversal of the central action of the toxin. The drugs appeared to act at different levels or in different structures.

#### EMPLOYMENT (INDUSTRIAL)

750. Chalvet, Marcel

The physically handicapped and the progress of automatism. Rehab. Bul., World Veterans Fed. 1958. 14:16-20.

The author, a well-known French specialist in the electronics field, presented an introductory article on the subject at the 1957 WVF General Assembly in Berlin, describing the growth of mechanization in industry and the sweeping changes which the application of electronics will bring about. The reduction of physical effort required in industry has implications for the employment of the physically handicapped whose judgment and intelligence are unimpaired. Cooperative efforts of industrialists, engineers, doctors and rehabilitation specialists could help to solve the employment problems of the physically handicapped.

751. Cross, Derek H. (121 Underwood Ave., Greensburg, Pa.)

Returning the patient to his job. Pa. Med. J. May, 1958. 61:5:615-617.

The greatest obstacles to restoration of the handicapped to their jobs, Dr. Cross believes, are found in the areas of adequate medical care and selective job placement. Smaller industries can afford adequate medical programs through cooperative purchase of services for medical evaluation

## EMPLOYMENT (INDUSTRIAL) (continued)

and annual physical check-ups. The industrial physician should cooperate in long-range planning for rehabilitation and vocational training of the severely disabled and apply the same concept to problems of the less seriously disabled. Industrial relations should devote more attention to selective placement of handicapped and normal individuals alike. Union contracts should be less rigid in respect to selective placement programs and should work towards more equitable plans without seniority limitations where the handicapped are concerned. The medical profession as a whole can aid in rehabilitation programs by cooperating fully with rehabilitation agencies.

## EMPLOYMENT (INDUSTRIAL)--GREAT BRITAIN

### 752. Griffiths, Sir Hugh

The industrial disabled; liability or asset? Rehabilitation. Apr. -June, 1958. 25:4-11, 13.

A brief review of the development of the concept of social, economic, and therapeutic rehabilitation in Great Britain, legislation which evolved to benefit the disabled, and some difficulties encountered in placing them in industry. The author suggests a fresh approach to the problems of the handicapped if they are to be considered an asset to industry. Functional job analysis, as well as assessing the capacity of the disabled worker, should lead to adaptations in machinery and environment which will permit the disabled to perform and produce on a par with the nonhandicapped. Doctors have limited knowledge of industrial requirements; improved medical education could remedy this lack.

## EPILEPSY

### 753. World Health Organization

Juvenile epilepsy; report of a study group. Geneva, Switzerland, WHO, 1957. 44 p. graph. (WHO Technical rep. ser., 1957, no. 130)

Contains the collective views of an international group of experts in this field, among whom was Dr. William G. Lennox of the Neurological Institute, Children's Medical Center, Boston. Because the interest in and knowledge of epilepsy in most parts of Europe are fragmentary, it was essential that psychological and social aspects of epilepsy should be covered as well as the neurophysiological. The multidisciplinary study group viewed problems of epilepsy from the physiological, pediatric, psychiatric, genetic, and social angles. Conclusions cover prevalence, pathophysiology, and etiology, psychological changes and other clinical phenomena, the organization of medical and social guidance for the epileptic child, case-finding and supervision, treatment and social handling, and public health aspects.

Available in the U.S. from Columbia University Press, Internatl. Documents Service, 2960 Broadway, New York 27, N.Y., at 30¢ a copy.

## EPILEPSY--EMPLOYMENT

### 754. Lorbeer, Lloyd T. (2555 N. Hollywood Way, Burbank, Calif.)

Employment of persons with epilepsy and heart disease, by Lloyd T. Lorbeer and Charles I. Barron. Calif. Med. Feb., 1958. 88:2:160-165. Reprint.

Experiences and observations on the employment of persons with epilepsy and heart disease are reported by plant physicians in the medical department of Lockheed Aircraft Corp., California Division, Burbank. The authors discuss procedures and policies relevant to the medical aspects of placement



### EPILEPSY--EMPLOYMENT (continued)

of the physically sub-standard employee. Lockheed's program of selective placement has not resulted in increased compensation costs, increased risks to the company, or an increased accident rate. Included is a classification system used at Lockheed which denotes the physical activity, condition, or environment to which the employee must not be exposed, rather than classifying the employee on the basis of positive qualification for a specific job. The most pressing needs at present in the employment of the handicapped are more sensitive pre-employment examinations and compensation laws corrected to limit fairly the liability now assumed almost entirely by the employer. Experience at Lockheed has been that epileptic employees under adequate medical control can perform as effectively as the majority of other workers.

### EPILEPSY--MEDICAL TREATMENT

755. Rupp, Charles, Jr. (133 S. 36th St., Philadelphia 4, Pa.)

Management of epilepsy. J. Am. Med. Assn. Apr. 19, 1958. 166:16:1967-1970. Reprint.

Present day neurologists consider epilepsy and its treatment predominantly a medical problem; the most valuable therapeutic agents at present are the anticonvulsants. Nine drugs are compared as to dosage, field of usefulness, and important side-effects. Diagnostic problems and therapy are discussed, as well as general hygienic measures and the need for more public education on the individual's ability to live a comparatively normal life when seizures are controlled. More realistic legislation is also needed; the physician can aid in securing more equitable legal rights for such patients.

### EPILEPSY--PARENT EDUCATION

756. Children's Hospital, Los Angeles. Jerry Price Seizure Clinic (4614 Sunset Blvd., Los Angeles, Calif.)

Brochure for parents. Los Angeles, The Clinic, n.d. 10 p. Mimeo.

Advice for the parents of epileptic children presented in question-and-answer form, giving information on the medical aspects of epilepsy, educational problems, social welfare of the child, and the handling of emotional and behavioral problems.

### EXERCISE

757. Gordon, Edward E. (Dept. of Phys. Med., Michael Reese Hosp., 29th and Ellis Ave., Chicago, Ill.)

Energy costs of activities in health and disease. A.M.A. Arch. Internal Med. Apr., 1958. 101:4:702-713. Reprint.

A review of studies relating to the methodology for the study of energy metabolism and its use in various ways to analyze fitness and predict performance in health and disease states. For those interested in regulating physical stress in chronic cardiac and pulmonary disease and in convalescence from acute serious disease, the method is simple and accurate enough for clinical use. The author also suggests the use of energy-cost studies in correlating residual capacity with the various demands of daily living in the orthopedically handicapped. (For additional discussion of the method, see the article listed in Rehabilitation Literature, Feb., 1958, #173)

## GIFTED CHILDREN

758. School and Society. May 10, 1958. 86:2132.

Special section: The superior and the gifted.

Partial contents: Developing superior talent, J. J. Small, p. 219. -What is enrichment?, Walter B. Barbe, p. 222. -Study skills performance of gifted pupils, Sister Josephina, p. 223. -The play problems of gifted children, Thomas M. Carter, p. 224. -Education of the academically talented, James B. Conant, p. 225.

## HANDICAPPED--EQUIPMENT

759. We, The Handicapped

Elevators and ramps; a lift to independence for the disabled. Detroit, We, The Handicapped, c1957. n.p. illus., diag. - Spiral binding.

A how-to-do-it manual describing commercial and homemade lifting devices useful to the disabled in moving from one floor to another; in transferring to and from bed, wheelchair, bathtub, toilet, or car; in ascending and descending steep grades and other outdoor inclines; and in compensating for leg disability (rising chair seats). Plans, blueprints, and instructions for home adaptations are included, illustrating the use of elevators and ramps. Sources of commercially manufactured equipment are supplied.

Available from We, The Handicapped, 15327 San Juan Drive, Detroit 38, Mich., at \$4.00 a copy.

See also 817.

## HARD OF HEARING

760. Sataloff, Joseph (1721 Pine St., Philadelphia 3, Pa.)

Adenoids and hearing loss in children, by Joseph Sataloff and Hyman Menduke. A.M.A. J. Diseases of Children. May, 1958. 95:5:529-533.

Because of marked differences of opinion concerning the effectiveness of adenoidectomy in cases of children with hearing impairment, the authors attempted a reappraisal of the problem based on objective audiometric studies. Their purpose was to determine the role of hypertrophied adenoids in children with conductive deafness by obtaining reliable pre- and post-operative audiograms. Adenoidectomies were performed on 100 children suffering from various degrees of conductive deafness; in every case conservative therapy had failed. Following operation, 40% of 78 children tested within 2 weeks were cured of their hearing loss and an additional 42% were improved. Later audiograms taken on all 100 patients showed 63 were cured, 33 improved, 3 showed no change, and only one could be considered worse. The conclusion drawn is that an adenoidectomy can often lead to cure or substantial improvement where conservative therapy has failed to bring response.

## HEART DISEASE

See 831.

## HEART DISEASE--EMPLOYMENT

See 754.

## HEMIPLEGIA

761. Klingensmith, Walter C. (3400 Spruce St., Philadelphia 4, Pa.)

The management of hemiplegia, by Walter C. Klingensmith and William J. Erdman, II. G.P. May, 1958. 17:5:113-119. Reprint.

Medical and rehabilitative aspects of the cerebral vascular accident, most common cause of hemiplegia in the middle-aged and elderly, are discussed excluding consideration of the predominantly surgical problems of brain tumor, abscess, subdural hematoma and subarachnoid hemorrhage. The vascular and cardiac background of hemiplegia and its causes, its complications, and a rehabilitation program for treatment are described. The use of adaptive devices, the necessity for speech therapy, and family participation in the treatment program are stressed.

See also 831.

## HEMIPLEGIA--DIAGNOSIS

762. Reynolds, Glenn (Dr. Archibald, University Hospital, Western Reserve Univ. School of Medicine, Cleveland, Ohio)

Preliminary report on neuromuscular function testing of the upper extremity in adult hemiplegic patients, by Glenn Reynolds (and others). Arch. Phys. Med. and Rehab. May, 1958. 39:5:303-310.

A report of a test form found useful in evaluating return of motor function following hemiplegia; it utilizes basic synergies of motion of the upper extremity observed in extensive upper motor neuron diseases. Advantages of this particular test over standard muscle testing procedures are discussed. Divided into two parts, the test measures levels of achievement in (1) the shoulder, arm, and forearm, and (2) the wrist and hand. A sample record form is included, to illustrate how it can serve as a graphic guide to a particular patient's status or progress.

## HEMIPLEGIA--MEDICAL TREATMENT

763. Bayne, J. R. D. (Sherbrooke Hosp., Quebec, Canada)

The hemiplegic in hospital, by J. R. D. Bayne and Marjory W. Warren. Canad. Hosp. Feb., 1958. 35:2:50-51, 90. Reprint.

A report of the results of treatment of all hemiplegic patients admitted to the West Middlesex Hospital, Isleworth, Middlesex, England (a general hospital) during 1949. The majority of cases were admitted directly to the geriatric unit where physical therapy, occupational therapy, and ward routine were coordinated to encourage maximum early independence. Data on patient characteristics, length of hospitalization, duration of hemiplegia before admission to the hospital, and a follow-up of discharged patients showing survival time and independence are included. The authors believe a large proportion of survivors of the initial stroke can regain personal independence and be discharged from the hospital if rehabilitation programs are provided in the general hospital.

764. Long, Charles, II (Highland View Cuyahoga County Hosp., Harvard Rd., Cleveland 22, Ohio)

Physical treatment of the elderly hemiplegic. Pa. Med. J. May, 1958. 61:5:628-629.



## HEMIPLEGIA--MEDICAL TREATMENT (continued)

One of a series of guest editorials furnished for the Journal through the Commission on Geriatrics of the Pennsylvania State Medical Society. Dr. Long describes in general terms a program for physical care of the patient with a stroke. Factors influencing successful rehabilitation of the hemiplegic patient are reviewed succinctly, and the role of the family, physician, and various rehabilitation personnel explained.

765. Peszczynski, Mieczyslaw (Highland View Cuyahoga County Hospital, Harvard Rd., Cleveland 22, Ohio)

Contractures of the involved extremities of the hemiplegic adult. J. Gerontology. Apr., 1958. 13:2:177-182.

A brief review of the literature reveals the present lack of exact knowledge relating to the pathology of contractures. The proportionate role of positioning (gravity), spasticity, and withdrawal reflexes in every essential contracture on the hemiplegic side is evaluated and the effect of some lower extremity contractures on the hemiplegic's ability to learn to walk discussed. Current concepts of prevention of contractures are analyzed critically. Discussion of contractures of the upper extremity are limited to those of the shoulder joint.

## HEREDITY

766. Fraser, F. Clarke (1615 Cedar Ave., Montreal 25, Canada)

Recent advances in genetics in relation to pediatrics. J. Pediatrics. June, 1958. 52:6:734-757.

An authority in the field of genetics discusses, in the section on medical progress, new discoveries in regard to the structure of genes and their behavior in cells, organisms, and populations. New biochemical techniques are leading to the questioning of long-held, orthodox genetic theory. New knowledge in the fields of developmental genetics, cytogenetics, and population genetics are reviewed. In the investigation of medical problems the value of experiments with lower mammals is recognized. Heredity versus environment is studied through the use of twin subjects; genetic counseling is increasing due to increased knowledge of the genetic implications of diseases about which counseling problems arise. Dr. Fraser, in a previous article in J. Pediatrics (1954) (included in the bibliography following this current article), listed diseases of pediatric interest and information on their familial distribution. He has included here some additions and modifications of the original list. In conclusion, a bibliography of 198 references offers a rich source of information on literature in the field.

## HOBBIES

767. Burlingame, Alice Wessels (3891 Oakhills Rd., Birmingham, Mich.)

Is horticultural therapy your answer? Hosp. Management. June, 1958. 85:6:66-67, 111, 142.

Horticultural therapy is being employed as a therapeutic program in private homes for the homebound, in nursing homes, schools for the handicapped, and in hospitals for both the mentally and physically ill. Community volunteers who are qualified by an interest in flowers and plants and who are endowed with

### HOBBIES (continued)

a warm personality are sponsoring and staffing such programs. Requirements for equipment and facilities necessary for the program are discussed and illustrations of programs in different treatment settings are included here. This type of therapy has value for all categories of patients when it is designed to meet individual needs. Additional information on horticultural therapy can be obtained by writing to the author.

### HOMEBOUND--PROGRAMS

See 746.

### HOSPITALS

See 744; 763; 783; 802; 804.

### MEDICINE (INDUSTRIAL)

See 750; 754; 834.

### MENTAL DEFECTIVES

768. Veit, Henry (H. Veit Clinic, 5836 W. Lisbon Ave., Milwaukee, Wis.)

Mental deficiency; a challenge to medicine, by Henry Veit, John M. Garstecki, and Melvin E. Kaufman. Med. Times. May, 1958. 86:5:565-572.

A description of common forms of mental deficiency which can be recognized clinically and with which the authors have had experience at the Southern Wisconsin Colony and Training School. Briefly covered are the etiology, general course of the disorders, clinical signs and symptoms, the resulting level of deficiency, possible treatment, and prognosis.

See also 742.

### MENTAL DEFECTIVES--ETIOLOGY

769. Wright, Stanley W. (Box 100, Pacific State Hosp., Pomona, Calif.)

Etiologic factors in mental deficiency; errors of metabolism that may lead to mental deficiency, by Stanley W. Wright (and others). A. M. A. J. Diseases of Children. May, 1958. 95:5:541-562.

A summary of clinical research on the association between mental defect and genetically determined biochemical abnormalities. The basic mechanism of such abnormalities is a genetically determined defect in enzyme function resulting in deviant metabolism of a specific nutrient or substrate. Diseases are classified under the heading of protein, carbohydrate, and lipid metabolism; diseases of hormone synthesis and conditions where the biochemical background is less clearly defined are discussed in a separate category. Clinical signs and symptoms, laboratory findings, and biochemical processes possibly responsible for the conditions are described. Includes a bibliography of 134 references.

### MENTAL DEFECTIVES--MEDICAL TREATMENT

770. Goldstein, Hyman (317 E. 17th St., New York, N. Y.)

L-Glutavite as a therapeutic aid in mentally afflicted children; preliminary report of eighty-one cases and controls. Arch. Pediatrics. Mar., 1958. 75:3:89-100. Reprint.

## MENTAL DEFECTIVES--MEDICAL TREATMENT (continued)

Describes the clinical effects of L-Glutavite, a nutrition supplement used as an adjunct in treating mentally retarded children, 23 of whom were mongoloid. The remainder exhibited such mental disorders as schizophrenic behavior patterns; prenatal developmental disorders such as oxycephaly, cerebral and cerebellar agenesis, angiomas of cerebral vessels, etc; paranatal brain disorders due to infections and trauma; post-natal central nervous system disorders due to infections and to brain injury; and metabolic brain disorders. Thirty-eight of the nonmongoloid children with mental retardation had cerebral palsy from birth or early infancy. Various other therapeutic agents were given along with L-Glutavite in a multiple approach to treat the individual involved pathology. Data on results are charted.

## MENTAL DEFECTIVES--NURSING CARE

See 832.

## MENTAL DEFECTIVES--PREVENTION

771. Baird, Henry W, III. (St. Christopher's Hosp. for Children, Lawrence & Huntingdon Sts., Philadelphia 33, Pa.)

A reliable paper-strip method for the detection of phenylketonuria. J. Pediatrics. June, 1958. 52:6:715-717.

Since recent reports indicate that effective dietary management, begun early in infancy, can prevent severe mental retardation associated with the presence of phenylketonuria, a simple method for its detection would aid immeasurably in early diagnosis of this condition and allow for dietary control. Experience with the method described indicates it is superior to the test tube method and more simple to perform. Routine use of the paper-strip method at the time of the first and second well-baby visit is recommended.

## MENTAL DEFECTIVES--PROGRAMS

772. Illinois. Commission for Handicapped Children

Supplements one, two, and three to: Community programs for the mentally handicapped young adult. Chicago, The Commission, 1958, 3 pamphlets.

Contents: Suggestions for the organization of a sheltered workshop program. 10 p. (Supp. no. 1). -Suggestions for the organization of a training program for everyday living. 11 p. (Supp. no. 2). -Suggestions for the organization of a recreation program. (4) p. (Supp. no. 3).

The original pamphlet "Community programs for the mentally handicapped young adult," published by the Commission in 1957 (see Rehabilitation Literature, Nov., 1957, #1287) was planned for the use of parents and community groups to aid in understanding the needs of this group of young people and ways of meeting them. The current supplements discuss some of the more tangible aspects of organizing programs, with information based on questions most frequently asked of the individuals and agencies preparing the material. There has been no attempt to cover all aspects of respective programs as brief bibliographies are included in the original pamphlet. Supplement no. 1 gives a brief description of the functions of sheltered workshops and their administration, especially as regards the mentally retarded and their needs. Supplement no. 2 concerns the purpose and content of a training program to develop



#### MENTAL DEFECTIVES--PROGRAMS (continued)

and strengthen everyday living habits of the mentally retarded young adult. Facilities and administrative details of such a program are discussed briefly. Supplement no. 3 suggests ways of adapting ordinary recreational activities to the abilities of the mentally retarded young adult.

Available from Illinois Commission for Handicapped Children, 160 N. LaSalle St., Chicago 1, Ill.

#### MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS

773. Jenkin, Noel (The Training School, Vineland, N.J.)

Perception in organic mental defectives; an exploratory study: I. The size-weight illusion, by Noel Jenkin and Noel West. Training School Bul. May, 1958. 55:1:5-10.

A report of an exploratory study with mentally retarded individuals medically classified as definitely or probably brain-damaged and a control group showing no evidence of mental retardation. Subjects were required to match the weight of two standard objects, identical in weight but differing in volume. Previous studies suggested that the mentally retarded are less subject to the size-weight illusion than normal subjects; the present experiment afforded an opportunity to evaluate this hypothesis with a test of statistical significance. Results strongly confirmed the hypothesis. In addition, results of this study supplied good reason to believe that diminished susceptibility to the size-weight illusion is due to brain damage rather than to intellectual deficit. Implications for further research and for theory are discussed.

774. Schucman, Helen

A method for measuring educability in severely mentally retarded children; a preliminary study. Training School Bul. Nov., 1957, Feb. & May, 1958. 54:3 & 4; 55:1. 3 pts.

A report of a study to investigate the relations of learning gains and training transfers to educability of severely mentally retarded children. A series of tests were given the subjects who were trained to the correct responses and then retested to permit measurement of learning gains. Part I outlines the purpose and objectives of the study and describes construction and development of the tests, as well as the selection of the test population. Part II presents results of the experiment which appears to be promising; however, reliability and validity of the tests need to be determined more adequately. Part III summarizes the information and offers conclusions and implications for use of the method with other children whose educability is difficult to evaluate by the usual procedure because of sensory, manipulative, and verbal handicaps.

#### MENTAL DEFECTIVES--SOCIAL SERVICE

775. Begab, Michael J. (Div. of Social Services, U.S. Children's Bur., Washington 25, D.C.)

Child-welfare service for the mentally retarded. Children. May-June, 1958. 5:3:105-110.

The writer suggests some ways in which child-welfare services, as a part of the total community program, can aid the mentally retarded and their parents. An important part of casework functions in child-welfare service is the evaluation of the capacities, limitations, and resources of the child

## MENTAL DEFECTIVES--SOCIAL SERVICE (continued)

and his parents. Parents need help in accepting the diagnosis and in planning a sound treatment program. The social worker can assist in arrangements for various services and in helping the child to develop more social competency.

## MENTAL DEFECTIVES--SPECIAL EDUCATION

776. Delp, Harold A. (The Training School, Vineland, N. J.)

The 3 I's, not the 3 R's; a philosophy for teachers of mentally retarded. Training School Bul. May, 1958. 55:1:11-14.

Initiative, ingenuity, and imagination play an important part in the teacher's approach to education of the mentally retarded, Dr. Delp believes. Through use of these qualities, teachers are able to give the individual child the most adequate combination of the "3 R's" and the variety of skills and attitudes which will enable the child to achieve a measure of success in adult life no matter what his environment may be--the community, the sheltered home environment, or even the institution. Dr. Delp suggests that the teacher of exceptional children approach her work as "clinical teaching," adopting a variety of methods and techniques to the individual child. Class unity can be achieved through use of the "experience unit" while each child progresses at his own level and in directions most promising for the child's success.

777. Porter, Rutherford B. (Indiana State Teachers College, Terre Haute, Ind.)

A comparison of mentally retarded adults who attended a special class with those who attended regular school classes, by Rutherford B. Porter and Tony C. Milazzo. Exceptional Children, May, 1958. 24:9:410-412, 420.

A report of a study of the effectiveness of post-school adjustment of mentally retarded adults educated in special classes and in regular school classes, especially their adjustment in the areas of social competency and economic efficiency. Although samples were too small to allow conclusions of a definite nature, the data seemed to indicate the overall advantages for those who had attended special classes. The most important difference between the two groups was in the greater frequency of employment of those from special classes. This group also seemed to conform better to social standards.

## MENTAL HYGIENE

778. Wolf, Anna W. M.

Helping your child to understand death. New York, Child Study Assn. of America, 1958. 63 p.

In an attempt to aid parents whose children question them regarding the nature of death, the author discusses ways and means by which they may help children accept the reality of the experience and handle their emotional reactions. In addition to explaining the differences in ritual and creed of various faiths, the author includes two question-and-answer sections which will suggest some answers for specific situations involving death and its understanding and acceptance which will arise during childhood and adolescence.

Available from Child Study Association, 132 E. 74th St., New York 21, N. Y., at 60¢ a copy (less in quantity).

## MULTIPLE SCLEROSIS

779. Gall, John C., Jr. (Mayo Foundation, Rochester, Minn.)

Multiple sclerosis in children; a clinical study of 40 cases with onset in childhood, by John C. Gall, Jr. (and others). Pediatrics. May, 1958. 21:5:703-709.

From files of the Mayo Clinic between 1920 and 1952, 40 cases of disease of the central nervous system which were clinically typical of multiple sclerosis were reviewed. Eight of the group were less than 15 years of age when the diagnosis was made and 32 were between 15 and 20 years of age when diagnosed. The latter all had histories of neurologic symptoms which appeared to be characteristic of multiple sclerosis prior to age 15. Observations are given on data relating to sex and age distribution, mode of onset, symptoms of the initial episode and occurring during the time period of the study, physical findings, and results of laboratory studies. The disease as it appeared in children did not appear to differ clinically from that observed in adults. In the Mayo Clinic series, however, almost twice as many girls as boys were affected. Pediatricians are urged to consider the possibility of multiple sclerosis when confronted with a child showing evidence of scattered neurologic deficits that remit, especially a disturbance of vision and coordination.

## MUSCLES--TESTS

780. Doyle, Bernard J. (V.A. Hospital, Boston, Mass.)

Usefulness of electromyography in difficult diagnostic problems, by Bernard J. Doyle and Henry E. Fidrocki. Arch. Phys. Med. and Rehab. May, 1958. 39:5:296-302.

Presents 5 case histories in which electromyographic findings were of an unusual or interesting nature. Findings are described and interpreted in the light of the clinical course. Included are: a case of hyperventilation syndrome, one of familial periodic paralysis showing myotonic-like reactions in the convalescent stage, a case of Charcot-Marie-Tooth disease, one of myotonia dystrophica, and collagen disease with peripheral neuropathy on the basis of a necrotizing vasculitis confirmed by autopsy findings. The potentials of electromyography in differential diagnosis are considered.

See also 762; 791.

## NEPHROSIS--STATISTICS

781. Stickler, Gunnar B. (Mayo Clinic, Rochester, Minn.)

An epidemiologic study of the nephrotic syndrome. J. Chronic Diseases. May, 1958. 7:5:422-428.

Epidemiologic methods were applied in a survey of nephrotic children admitted to hospitals in the Greater Buffalo (New York) area from 1940 through 1956. Data were analyzed according to age, sex distribution, and various socio-economic characteristics. Incidence was found to be 2.1 cases per 100,000 children 0 through 9 years of age per year, with a higher incidence among nonwhite children. The sex ratio of nephrotic children living inside the city limits was very significantly different from that of nephrotic children living outside city limits. Possible cause, based on this study, is a disease-producing factor suspected in the patients' environment to which boys between the ages of 1 and 2 are exposed more often than girls who live within the city of



## NEPHROSIS--STATISTICS (continued)

Buffalo. Boys and girls living in the suburbs or smaller towns appear to be exposed equally often. Exact nature of the factor is unknown. The author points out the study's shortcomings, one of which is that it is concerned with a hospital population alone. A second is attributed to the small number of cases available for analysis (72 out of a possible 160 listed).

## NEUROLOGY

782. Cooper, Irving S. (St. Barnabas Hosp., Third Ave. & 183rd St., New York 57, N.Y.)

Production of basal ganglia lesions by chemopallidectomy, by Irving S. Cooper and Gonzalo J. Bravo. Neurology. May, 1958. 8:5:344-346.

Describes a technique developed for use in the operation of chemopallidectomy by which a sufficiently sized, circumscribed lesion can be produced in the globus pallidus or ventrolateral nucleus of the thalamus often enough to effect alleviation of tremor and rigidity in more than 75 per cent of cases. The technique has been tested in more than 700 operations, 100 animal experiments,, and 60 cadaver operations. Special equipment used in this technique is described and its use illustrated.

See also 780.

## NURSING--PERSONNEL

See 833.

## NUTRITION

See 742; 771.

## OCCUPATIONAL THERAPY--EQUIPMENT

See 836.

## OLD AGE--MEDICAL TREATMENT

783. Wilson, L. A. (Woodend General Hosp., Aberdeen, Scotland)

Rehabilitation in the hospital geriatric unit. Rehabilitation. Apr.-June. 1958. 25:14-18.

In same issue: The needs of elderly citizens, James M. Wallace. p. 19-21, 23-26, 40.

A description of the growth and development of geriatric units in general hospitals in Great Britain and the services which they offer in the care of the older person with chronic disease or illness. Careful assessment, prognosis, and case-selection must precede attempts at rehabilitation of the elderly; in the hospital the special skills of staff members and therapists can often bring about the successful rehabilitation and discharge from the hospital of the chronic elderly patient.

The second article (p. 19) discusses needs of the elderly person in the home in regard to finances, nutrition, housing accommodations, psychological aspects of aging and illness, and the prevention of accidents within the home. Findings of a survey, both domiciliary and institutional, carried out in Aberdeen were used as the basis for determining the relative importance of various needs of the elderly.

See also 718.

#### OLD AGE--MENTAL HYGIENE

784. Fisch, Mayer (N.Y. Guild for the Jewish Blind, 1880 Broadway, New York 23, N.Y.)

Organic and psychiatric disorders of the aged blind. New Outlook for the Blind. May, 1958. 52:5:161-165.

Experience with the aged blind has led the writer to believe the client's mental status is too often overlooked or misunderstood. He describes the wide variety and degree in loss of brain function observed in the elderly, the significance of differential diagnosis, how blindness can precipitate signs of an organic brain syndrome in the elderly, and the many factors which must be considered in treatment of the blind.

#### PARALYSIS AGITANS--MEDICAL TREATMENT

785. Hughes, William (Snowden Road Hospital, Bristol, England)

Trial of a new remedy (Ciba 10870) in Parkinsonism, by William Hughes, Janet H. Keevil, and Irene E. Gibbs. Brit. Med. J. Apr. 19, 1958. 5076: 928-929.

Reports results obtained from use of a new parasympatholytic drug (Ciba 10870) in 16 cases of Parkinsonism. Findings revealed the drug relieved some of the most troublesome symptoms in every case and in some cases produced very good results. Mental confusion was a side effect in one case but disappeared when the drug was discontinued; no blood dyscrasias were observed during the trial. Previous trials of the drug, reported in 1956, were favorable in cases of Parkinsonism, when the drug was used alone, and in combination with reserpine and methyl phenidate ("Ritalin").

786. Riklan, Manuel (1985 Sedgwick Ave., Bronx 53, N.Y.)

Follow-up studies in chemopallidectomy for paralysis agitans, by Manuel Riklan and Leonard Diller. J. Am. Med. Assn. May 3, 1958. 167:1:13-17. Reprint.

Results obtained from the neurosurgical procedure known as chemopallidectomy, developed in 1953 for the treatment of Parkinson's disease, were reported on a questionnaire form by 141 consecutive patients who had undergone neurosurgery 6 months to 2 years and 4 months earlier. A comparison of the results was made with data obtained from 103 out of 173 patients who exhibited the same initial symptoms but who had not undergone the operation. Beneficial results of the operation are illustrated by 3 case histories. Patients who have undergone surgery are, for the most part, better off in regard to tremor, rigidity, ability to perform functional activities, and for the male patients, in work ability.

See also 782.

#### PARAPLEGIA--MEDICAL TREATMENT

787. Comarr, A. Estin (5901 E. 7th St., Long Beach 4, Calif.)

Bowel regulation for patients with spinal cord injury. J. Am. Med. Assn. May 3, 1958. 167:1:18-21.

Describes the bowel training program for patients with spinal cord injury as it is carried out at the Veterans Administration Paraplegia Center, Long Beach, Calif. Special problems such as episodes of diarrhea, appearance of hemorrhoids, and the persistence of mass reflexes in response to stimulation of the anorectal area can be solved, Dr. Comarr believes, by methods described here.

## PARAPLEGIA--MEDICAL TREATMENT (continued)

See also 819.

### PHYSICAL EDUCATION

788. Dunkelberg, James G. (University of California, Los Angeles, Calif.)

Let the doctor recommend adapted physical education, by James G. Dunkelberg and Gene A. Logan. J. Health, Phys. Educ., and Recreation. May-June, 1958. 29:5:28. Reprint.

In same issue: The physically handicapped; our problem, too, Claude J. Ruggian, p. 14. -Physically they see; blind children learn physical education skills, John Joseph Heim, p. 35.

In adapted physical education programs, the medical recommendations of the school physician are a basic necessity. The writers report on results of a survey of the medical diagnoses of students enrolled in the men's adapted physical education program at the University of California, Los Angeles, during the 1955-56 school year as an illustration of this premise. The program consisted of two phases--therapeutic exercises and sports. Cooperating between the school physician and physical education department is essential to success of the program.

Claude J. Ruggian (Adelphi Coll., Garden City, L.I., N.Y.) discusses a survey of junior and senior high schools in Nassau County, N.Y., undertaken to determine what schools are providing through physical education and other services to meet the needs of handicapped students. Mr. Heim's article (p. 35) describes problems involved in providing physical education for blind children and some activities found successful in an integrated program for blind and sighted pupils 6 years of age in the Highlands Elementary School of Wilmington, Delaware. Public school integration of the blind was initiated in the Fall of 1956 at the Highlands School.

See also 835.

### PHYSICAL EXAMINATION

789. Mangelsdorff, Arthur F. (707 W. 8th St., Plainfield, N.J.)

Twenty-one years' experience with rejections for employment. A.M.A. Arch. Indust. Health. Feb., 1958. 17:2:104-110. Reprint.

A compilation and review of the records of applicants rejected for employment by a large industrial company over a period of 21 years. The rejection rate averaged 8.56 per cent as contrasted with a rejection rate of 21.3 per cent during World War I and 30.2 per cent during World War II of draftees. Dr. Mangelsdorff discusses some of the basic conditions used by industrial physicians as criteria for the rejection of applicants for employment and the trend in incidence of various conditions. Cardiovascular disease and chest x-ray abnormalities ranked at the head of the list of causes of rejection.

See also 834.

### PHYSICAL MEDICINE

See 835.



### POLIOMYELITIS--BIOGRAPHY

790. Van Der Veen, Hennie

How it feels to be crippled. Internatl. Child Welfare Rev. 1957. 11:4:172-185.

A personal account of the author's childhood and adolescence, after being crippled by poliomyelitis at the age of 4. In the Editor's brief note prefacing the article, he points out the value of personal accounts of reactions to handicapping conditions since each individual varies in respect to temperament, seriousness of the handicap, and in his subjective point of view of his environment and relationships with others. The author's employment experiences mirrored problems encountered by the handicapped in obtaining work and holding a job.

### POLIOMYELITIS--DIAGNOSIS

791. Sachs, David (Dr. Furcolow, Kansas City Field Station, 3900 Eaton St., Kansas City 3, Kan.)

The association between antibodies against poliomyelitis and muscle weakness in a normal population, by David Sachs (and others). Pediatrics. May, 1958. 21:5:771-780.

It was hypothesized that subclinical poliomyelitis infections may cause detectable residual muscle weakness in a fraction of individuals with unrecognized infections. This article reports results of a study to test this hypothesis. Nearly 450 persons in 3 Kansas communities were examined for muscle weakness by a physical therapist; in addition, determinations for neutralizing antibodies in each person were made with each of the three recognized types of poliovirus. The hypothesis was interpreted as confirmed in the first two communities, but muscle weaknesses present in the third community of lower socio-economic status possibly were due to deficient nutrition since they were not associated with the presence of antibodies against poliomyelitis. A by-product of the study was an evaluation of the reliability of the technique of muscle testing. Results confirmed those of previous studies as to relative reliability of the technique.

### POLIOMYELITIS--MEDICAL TREATMENT

792. Riley, Harris D., Jr. (Dept. of Pediatrics, Univ. of Okla. Med. Center, Oklahoma City, Okla.)

Medical and surgical complications associated with severe poliomyelitis, by Harris D. Riley, Jr. and Randolph Batson. J. Chronic Diseases. May, 1958. 7:5:385-400.

A report of experiences of the Poliomyelitis Respiratory and Rehabilitation Center, Vanderbilt University School of Medicine, in the management of serious complications which can occur in the acute or chronic stage of severe poliomyelitis. Better medical care for chronic disabilities of varied origin has resulted from knowledge gained in work with poliomyelitis patients. Complications discussed are: respiratory infections and atelectasis, urinary tract complications, cardiovascular and gastrointestinal complications, nutritional problems, metabolic disturbances, decreased pulmonary compliance, and psychiatric and socio-economic complications. Also considered are problems involved in anesthesia and surgery in respirator patients, pregnancy during poliomyelitis, and difficulties associated with the transportation of respirator patients.

## POLIOMYELITIS--MEDICAL TREATMENT (continued)

793. Turner, Vernon C. (636 Church St., Evanston, Ill.)

Considerations in convalescent care of anterior poliomyelitis, by Vernon C. Turner and Jack L. Robbins. Ill. Med. J. May, 1958. 113:5:215-219.

An evaluation of joint, ligamentous, and tendinous deformities present at follow-up in patients with a proved diagnosis of anterior poliomyelitis was made to determine the relation between late deformities and the presence of restricted motion during early convalescence in the original hospital admission. Late occurrence of deformity and occurrence of deformity in patients originally considered non-paralytic are discussed. Subjects were patients who had had anterior poliomyelitis before the age of 17. Because the finding of late deformity in children is impressive, even in the absence of identifiable paresis and paralysis, controlled long-term follow-up in children is advised as necessary. Implications for treatment in the early stages of the disease and in later stages of care in the home are discussed.

## PUBLIC ASSISTANCE--NEW YORK

794. Christgau, Victor (U.S. Soc. Security Admin., Washington 25, D.C.)

The Social Security disability program. Health News, N.Y. State Dept. of Health. Mar., 1958. 35:3:4-10, 19.

In same issue: The Social Security disability program and medicine, John F. Rogers, p. 11-12.

An explanation of provisions of the disability program of the U.S. Social Security Administration, how it operates, procedures for applying and qualifying for benefits under the program, and roles of the reporting physician and state agencies administering the program. Some statistics are given on characteristics of applicants during 1956. Vocational rehabilitation aspects of the program are considered.

Dr. Rogers discussed changes in all phases of social security legislation and their implications in relation to medical services.

## REHABILITATION

795. Associated Hospitals of Alberta (Canada)

Rehabilitation medicine; a symposium (presented at the annual convention of the...in Edmonton, October, 1957). Canad. Hosp. Feb., 1958. 35:2:35-50, 100, 102. Reprint.

Contents: Rehabilitation medicine; Introduction, A. C. McGugan. -Psychological aspects, K. A. Yonge. -Environmental, M. T. F. Carpendale. -Setting up a section, M. C. Adamson. -It is your problem, J. R. Fowler.

796. Shands, A. R, Jr. (Alfred I. duPont Institute, Nemours Foundation, Wilmington 99, Dela.)

Orthopaedic handicaps in children. Va. Med. Monthly. Jan., 1958. 85:1:3-7. Reprint.

Dr. Shands reviews for the general practitioner those orthopedic conditions in childhood due to congenital, developmental, infectious, and traumatic causes, as well as diagnostic problems related to affections of the spine and hip, swelling of the knee, and neuromuscular disorders. He urges closer cooperation between the general practitioner and orthopedist, intelligent interpretation of handicaps to parents, and early referral to the specialist if rehabilitation is to be successful.

## REHABILITATION--ASIA

797. Jansson, Kurt

Some observations on rehabilitation in Southeast Asia. Rehab. Bul., World Veterans Fed. 1958. 13:4-7.

In same issue: Solo seminar on the rehabilitation of the disabled, p. 8-10.

Although the provision of services for the handicapped in Southeast Asia is limited, growing interest in rehabilitation is evident. The author reports briefly on 12 pilot programs in Indonesia, Burma, South Vietnam, and India currently in progress with the technical assistance provided by the United Nations organization and other international and United States agencies working in behalf of the handicapped. A few of the rehabilitation facilities offer comprehensive programs; others are expanding as rapidly as trained personnel becomes available. The author emphasizes that rehabilitation services should be developed, however, as an integral part of broad programs of health, education, and welfare.

The second article reports on the proceedings and conclusions of the Solo Seminar on Rehabilitation held in 1957 to afford countries in Asia and the Far East an opportunity to observe and discuss principles and methods of modern rehabilitation and their application under conditions existing in these countries. The 18 main conclusions adopted by the participants are included. The Rehabilitation Center at Solo, Indonesia, offered practical demonstrations of physical and occupational therapy, limb-fitting, vocational guidance, disability evaluation and vocational training. International rehabilitation specialists lectured on all aspects of comprehensive rehabilitation.

## REHABILITATION--GREAT BRITAIN

See 752.

## REHABILITATION--NEW JERSEY

798. New Jersey. State Department of Health (Trenton 25, N. J.)

Restorative services for the handicapped; professional symposium on... Atlantic City... November 20, 1957. Public Health News, N. J. State Dept. of Health. May, 1958. 39:5:131-156.

A continuation of the proceedings from the March issue of Public Health News.

Contents: The family physician and the handicapped, Albert A. Martucci. - Education in the rehabilitation process, Frederick M. Raubinger. - The vocational approach to the problem of the handicapped, Salvatore G. DiMichael. - The hospital as a pathogenic agent, Robert E. Bennett. - Summation (of the Symposium), Philip E. Ryan.

Articles in the current issue complete reporting on the Symposium. (See Rehabilitation Literature, May, 1958, #537 for symposium articles in the March, 1958 issue). Subjects discussed here are concerned with care of the long-term and chronically ill patient and the family physician's responsibility, special education programs in New Jersey for children and adults who are handicapped, the vocational approach to rehabilitation, and trends in treatment of institutionalized psychiatric patients. The summation outlines significant points covered in the Symposium.



## REHABILITATION--BIBLIOGRAPHY

### 799. Marks, Morton

Rehabilitation, by Morton Marks and Lee B. Greene. (10) p.

In: Progress in neurology and psychiatry. New York, Grune & Stratton, 1957. Vol. XII, Chapter 36. p. 634-643.

In addition to a bibliography of 192 references the authors review briefly the significant literature on rehabilitation and its varied aspects. The majority of references included were published in 1956; those from 1955 are items not previously reviewed in the annual issue of "Progress in Neurology and Psychiatry." Literature pertaining to the role of the occupational therapist is not reviewed since a separate chapter on occupational therapy is included in the book.

## REHABILITATION--EQUIPMENT

### 800. Leavitt, Lewis A. (2002 Holcombe Blvd., Houston 21, Texas)

Use of portable standing beds in the care of long-term disabled patients. Arch. Phys. Med. and Rehab. May, 1958. 39:5:311-314.

Describes a functional portable standing bed which was fabricated in the physical medicine and rehabilitation department of a veterans hospital; its usefulness in the care of long-term severely disabled patients has been proved by experience with it on the nursing wards where it is available. Construction details are included. A secondary gain is its fabrication in manual arts therapy thus providing opportunity for prevocational evaluation of other disabled patients. Since the cost is relatively low and use of the bed results in great savings in man-hours of nursing service, it has much to recommend its use.

See also 836.

## REHABILITATION--PROGRAMS

See 794; 814; 818; 825; 826.

## REHABILITATION--RESEARCH

See 741

## REHABILITATION--SURVEYS--CALIFORNIA

### 801. United Community Fund of San Francisco (2015 Steiner St., San Francisco 15, Calif.)

San Francisco doctors report on community needs and resources in health and rehabilitation; a preliminary report in response to a questionnaire distributed in cooperation with the San Francisco Medical Society and prepared by.... San Francisco, The Fund, 1957. 24 p. tabs. Mimeo. \$1.00.

A statistical analysis of replies to the physicians' questionnaire which was part of a broad two-year health and rehabilitation survey begun in Sept., 1956 by the Community Health Services Committee of the Health Council of San Francisco's United Community Fund. The report covers a summary of the highlights of the findings; the physicians' reports on needs of patients for services other than medical diagnosis and treatment; referrals to voluntary and public health agencies for information and services; an assessment of unmet needs in terms of illness and rehabilitation aspects; estimates of top priority needs to be met by the community; barriers to rehabilitation; and suggestions

#### REHABILITATION--SURVEYS--CALIFORNIA (continued)

for coping with mental health problems. An interesting inclusion is the doctors' viewpoints on voluntary health insurance plans. A copy of the questionnaire form and the covering letter are attached. Personnel in the rehabilitation field and community leaders would find here a reflection of many of their own local needs and pertinent suggestions for implementing similar surveys to ascertain need.

#### REHABILITATION CENTERS

See 814.

#### REHABILITATION CENTERS--MINNESOTA

802. Rehabilitation services fit in the pattern of the general hospital.

Modern Hosp. May, 1958. 90:5:55-58.

Describes rehabilitation facilities and services available at Fairview Hospital, Minneapolis, a private hospital which, in less than a year's time, has integrated the new services with general hospital care. Included in the center are facilities for occupational, physical, and corrective therapy, a 34-bed mental health unit, and a 44-bed rehabilitation nursing unit. After the acute phase of the illness, the disabled patient goes to the rehabilitation nursing unit where he enjoys greater freedom and a more homelike atmosphere than possible in the general hospital. Social contacts and self-care activity are encouraged when patients are allowed to be out of bed. The article is illustrated.

#### REHABILITATION CENTERS--ADMINISTRATION

803. Von Werssowetz, Odon F. (Gonzales Warm Springs Foundation, Box 58, Gonzales, Texas)

Cost of rehabilitation in a comprehensive center. South Med. J. Feb., 1958. 51:2:150-152. Reprint.

A report on administrative and financial procedures used in comprehensive rehabilitation centers treating the physically handicapped, as revealed in a survey of 20 such institutions meeting the standards for classification under this category. The writer includes information on methods of estimating costs of treatment, inpatient services, and any equipment or appliances needed by the individual. The question of week-end passes for patients in relation to estimating costs of the center is considered. Treatment of long-term or severely disabled patients in "rehabilitation or physical therapy centers" should be discouraged since these clinics are usually unable to provide the comprehensive services necessary for total rehabilitation. Dr. Harriet E. Gillette, in her discussion of Dr. Von Werssowetz' paper, ponders the high cost of rehabilitation and where the financial responsibility should lie. She urges more realistic surveys be made and their results evaluated against the products of the treatment process.

#### REHABILITATION CENTERS--DESIGNS AND PLANS

804. Carpendale, M. T. F. (Rehabilitation Centre, Univ. of Alberta Hosp., 85th Ave. & 112th St., Edmonton, Alberta, Canada)

A medical rehabilitation centre, by M. T. F. Carpendale and H. Arthur Henderson. Canad. Hosp. Feb., 1958. 35:2:41-49. Reprint.

## REHABILITATION CENTERS--DESIGNS AND PLANS (continued)

A description of a rehabilitation center located in a large university hospital. It offers all types of medical rehabilitation but has at present no facilities for vocational rehabilitation. A detailed account of the planning and construction of the center, with a floor plan, is included. Illustrated.

## RUBELLA

805. Dekaban, Anatole (Natl. Institute of Neurological Diseases and Blindness, Natl. Institutes of Health, Bethesda, Md.)

Abnormalities in offspring related to maternal rubella during pregnancy, by Anatole Dekaban, James O'Rourke, and Tillye Cornman. Neurology. May, 1958. 8:5:387-392.

Presents a case history of an 8-year-old boy who exhibited almost all the congenital abnormalities ever described in association with maternal rubella. Discussed in detail are the eye findings, results of surgical excisions of cataracts at widely separated intervals, and the boy's general status. Maternal rubella occurred in this case during the fourth week of gestation. In addition, data from a review of 108 cases selected from the literature are correlated and analyzed in regard to the occurrence of various lesions in different organs with the stage of gestation complicated by rubella. The highest incidence of the three most important congenital anomalies (cataracts, deafness, and congenital heart disease) occurred when rubella developed in the first five weeks of pregnancy. Malformations occurring in later stages of gestation are analyzed and the most common types of cataracts encountered in this condition discussed.

## SEGREGATION AND NONSEGREGATION

See 725; 777.

## SHELTERED WORKSHOPS--INDIANA

See 820.

## SOCIAL SERVICE--GROUP WORK

See 728.

## SOCIAL SERVICE (MEDICAL)

806. Rosenkrantz, J. A.

The medical social worker; keystone of the comprehensive medical care program, by J. A. Rosenkrantz and Pascal F. Lucchesi. Hosp. Management. May & June, 1958. 85:5 & 6. 2 pts.

The medical social worker in a hospital where the team concept of complete medical care is utilized plays an active role in serving patients' needs and in relieving staff personnel and the administrator of extra responsibilities. Her duties in regard to assistance to patients while in the hospital, during convalescence, and on their return home also include aid to patients' families. Equally important, in an era when the older age group is increasing in the population, are the preventive aspects of her work; through sound programs physical and mental deterioration in older persons can be delayed.

See also 837.



#### SPECIAL EDUCATION

807. Kidd, John W. (Northwestern State College, Natchitoches, La.)

Special education; fulfilment of a promise. Elementary School J. May, 1958. 58:8:454-456.

A comparison of the goals of special education with those of the regular school program and a discussion of the justification of the higher costs entailed by provision of special education programs. Administrative policies which have been questioned in educating the exceptional are mentioned briefly. Society's responsibility to exceptional children of all types and degrees is stressed.

808. Magnifico, L. X. (Univ. of Tennessee, Knoxville, Tenn.)

Social promotion and special education. School and Society. May 10, 1958. 86:2132:216-218.

Social promotion, the method by which children are kept together in school on the basis of chronological age, does not produce good adjustment, especially in the more retarded child. Fallacies in arguments which proponents of the method advance in its favor are pointed out. Special education for both the gifted and backward child can result in the development of a sense of adequacy in both. (For further discussion of this subject by the author see Rehabilitation Literature, May, 1958, #506.) The author's book "The education of exceptional children," a comprehensive discussion of special education for the gifted and for the retarded, is due to be published by Longmans, Green, and Co., 55 Fifth Ave., New York 55, N. Y., in August, 1958.

#### SPECIAL EDUCATION--SOUTH AMERICA

809. Tenny, John W. (Wayne State University, Detroit, Mich.)

Observations of special education in South America. Exceptional Children. May, 1958. 24:9:404-409.

While on a tour of South America sponsored by the Comparative Education Society in 1957, the author visited capital cities of seven countries. He gives here a brief comment on political, economic, and social developments in South America which explain the disparity in special education as observed in Latin countries and in the United States. Facilities are limited in South America to the larger cities and consist of residential institutions or, in a few instances, segregated day schools. The integrated program of education, as found in the United States, was nonexistent.

#### SPECIAL EDUCATION--RESEARCH

810. Stolurow, Lawrence M. (Institute for Research on Exceptional Children, Coll. of Education, Univ. of Ill., Urbana, Ill.)

The Institute for Research on Exceptional Children, University of Illinois. Exceptional Children. May, 1958. 24:9:429-434.

Founded in 1952 as an interdisciplinary group to provide training for research workers and teachers in special education, to promote better understanding of the problems and needs of both the handicapped and the gifted, and to aid public and private agencies working in behalf of the exceptional child, the Institute has a program dealing with the psychological, social and educational problems of the exceptional, both within and outside institutions. Current status of the program and some pertinent findings are discussed briefly.

## SPECIAL EDUCATION--SURVEYS

### 811. Institute for Research on Exceptional Children

How to conduct a self-survey of special education needs, by T. Ernest Newland (and others) of the... College of Education, University of Illinois.... Washington, D.C., Internatl. Council for Exceptional Children, c1958. 48 p. forms.

Before the decision is made to initiate special services for exceptional children, the total school situation should be studied. This booklet, the work of authorities in the field who have tested its usefulness, offers a self-survey form designed for use in any school system. Since the purpose of a survey is to pinpoint existing needs, the form does not provide answers in regard to specific special education needs but should produce valuable information necessary for planning programs. The outline, divided into 7 sections, covers data on all children and on exceptional children, information necessary for assessing immediate interest in special education, extra-school services currently available, personnel needs and possible sources of personnel, physical plant facilities, and estimation of costs of special education programs and sources of financial assistance. Forms are included in the appendix for teacher identification of exceptional children, for the quantitative estimation of personnel and space requirements for such programs, and for estimating annual costs of services required. Concludes with a list of professional periodicals related to special education.

Available from the International Council for Exceptional Children, 1201 Sixteenth St., N. W., Washington 6, D.C., at \$1.00 a copy (less in quantity).

## SPEECH CORRECTION

### 812. Lerea, Louis (Northern Illinois Univ., DeKalb, Ill.)

Assessing language development. J. Speech and Hear. Research. Mar., 1958. 1:1:75-85.

Language retardation in children arises from a variety of causes such as impaired hearing, cerebral insult, endocrine dyscrasias, mental retardation, emotional aberrations, or some combination of these and other disturbances. Objective of this preliminary study was to develop a standardized procedure for measuring ability of the normal and language-retarded child to express and comprehend vocabulary and language structure. Dr. Lerea describes development of the Picture Vocabulary and Picture Language Structure Inventories. Results of their administration to groups of normal, brain-injured, and aphasoid children are discussed. His conclusion was that the inventories appear to possess sufficient sensitivity to be useful in assessing language development in children and in defining language retardation. The author suggests further clinical evaluation of the inventories to determine their discriminative power.

## SPEECH CORRECTION--EQUIPMENT

### 813. Dunn, Hugh K.

Artificial speech in phonetics and communications, by Hugh K. Dunn and Harold L. Barney. J. Speech and Hear. Research. Mar., 1958. 1:1:23-39.

Gives a brief historical review of attempts to produce speech artificially and discusses a number of methods currently in use, with the results obtained from each. Modern technology has expanded possibilities in this field, the most important application of which has been in phonetics research and in communications. Bibliography of 66 references.

## SPEECH CORRECTION--INSTITUTIONS

814. Fortune, George J.

Essential elements of speech and hearing center operation. J. Speech and Hear. Disorders. May, 1958. 23:2:213-218.

Mr. Fortune, before his death in December, 1957, was Director of the Cleveland Hearing and Speech Center and Training Director of Western Reserve University's course in the administration of community speech and hearing programs, the first such class in the United States. Discussed in this paper presented at the 1957 American Speech and Hearing Assn. Convention are the basic concepts of community organization of the voluntary agency, which apply in all program planning for such centers, and the 5 major objectives which would enable the center to cover the field. He concludes with an example of the growth of such a center in a metropolitan community.

## SPEECH CORRECTION--PERSONNEL

815. U. S. Office of Education

Speech correctionists; the competencies they need for the work they do; a report based on findings from the study "Qualification and preparation of teachers of exceptional children," prepared by Romaine P. Mackie and Wendell Johnson...with (others). Washington, D.C., Gov't. Print. Off., 1957. 77 p. illus., tabs. (Bul. 1957, no. 19)

Another in the series of publications resulting from the U. S. Office of Education's broad study of teachers of exceptional children, a major project of the Office since 1952. Speech correctionists who submitted judgments on the importance of competencies in their professional work were all working in elementary or secondary schools; one-third of the sample had received specialized training before 1946, the remainder since that time. In addition, 10 professional leaders who served as members of a Competency Committee reported. Teachers also evaluated aspects of their training experiences. Appendixes contain a brief description of the main study from which this publication was prepared, information on speech correctionists who supplied data, a description of statistical procedures used and their results, and excerpts from the inquiry forms filled out by the speech correctionists. Used in conjunction with the booklet "Teachers of children who are hard of hearing," to be published shortly, it will be most helpful to those working in the field of speech and hearing.

Available from U. S. Superintendent of Documents, Government Printing Office, Washington 25, D.C., at 45¢ a copy.

## SPEECH CORRECTION--RESEARCH

816. Peterson, Gordon E. (Speech Research Laboratory, Univ. of Michigan, Ann Arbor, Mich.)

Speech and hearing research. J. Speech and Hear. Research. Mar., 1958. 1:1:3-11.

An article based on a paper presented at the Conference on Speech and Hearing Research sponsored by the Natl. Institute of Neurological Diseases and Blindness in 1957. Dr. Peterson defines basic problems involved in research on human communication. The study of speech as a behavioral process involves such areas as mathematics, acoustics, physiology,



## SPEECH CORRECTION--RESEARCH (continued)

learning theory , and linguistics and demands a meaningful and basic organization of knowledge. He includes a speech communication diagram representing the basic physiological systems involved in speech communication and suggests that the motor neural aspects of speech form the primary information source. Unsolved problems in the study of speech production are pointed out.

## SPLINTS

817. Abramson, Arthur S. (140 Wadsworth Ave., New York 33, N. Y.,  
Mechanical substitutes for hand function in the tetraplegic, by Arthur S. Abramson (and others). Am. J. Phys. Med. Apr., 1958. 37:2:98-105.

A discussion of the problems involved in attempting to increase hand function in patients suffering from tetraplegia as a result of transverse cervical cord lesions. Functional impairment resulting from injury at various spinal cord levels is analyzed. The authors describe a device designed to meet the needs of the tetraplegic patient whose C6 level is paralyzed, as well as those with the C6 level intact but who have such weak wrist extensors that use of the Bisgrove Hand is not feasible. Objectives of this assistive device to produce an efficient pinch by mechanical means are outlined and a detailed description included for its construction. Illustrated.

## SURGERY (PLASTIC)

See 838.

## U.S. CHILDREN'S BUREAU--REPORTS

818. U.S. Children's Bureau

Crippled children's program; a statistical review for 1956, by Sadie Saffian. Washington, D.C., The Bureau, 1958. 23 p. (Statistical ser. no. 44)

Presents statistical data on the trend in the number and rate of children served under the crippled children's program from 1937 through 1956, types and volume of services, and for the period of 1955-1956, data on types of services and a state-by-state breakdown of diagnostic categories of children served. The report is mainly composed of charts and statistical tables, with a brief introductory text.

Available from U.S. Children's Bureau, Washington 25, D.C.

## UROLOGY

819. Comarr, A. Estin (5901 E. 7th St., Long Beach 4, Calif.)

Further observations on excretory cystometry. J. Urology. Apr., 1958. 79:4:714-718. Reprint.

In a previous study by the author, retrograde and excretory cystometry were compared in patients with spinal cord injury. The present article is a report of the results of a study during which longer follow-up of patients was undertaken to determine, among other objectives, the pattern relationships existing between retrograde and excretory cystometry. Dr. Comarr states that the value of excretory cystometry, as originally reported, has proven to be valid also in a larger number of cases. Subjects of the present study were 52 patients with traumatic cord lesions.

#### VOCATIONAL GUIDANCE

820. Miller, Maurine R. (Indianapolis Goodwill Industries, 215 S. Senate Ave., Indianapolis 25, Ind.)

Does a work evaluation program work? J. Rehab. Mar.-Apr., 1958. 24:2:8-9, 17.

Presents findings of a follow-up of seriously handicapped persons labeled "unemployable" who have received services from Indianapolis Goodwill Industries in a specialized program; (for previous article describing the program in detail, see Rehabilitation Literature, May, 1956, #584). Statistics from a 6-month and one-year follow-up of clients who received the 3-week Vocational Evaluation Program in 1955 and 1956 are included. The value of an exploratory work program for even seriously handicapped persons is discussed. The author recognizes the difficulties in attempting to appraise the present study since there have been few reports of other such programs published.

#### VOCATIONAL GUIDANCE--PERSONNEL

821. Anderson, Robert P. (Texas Technological College, Lubbock, Texas)

The rehabilitation counselor as counselor. J. Rehab. Mar.-Apr., 1958. 24:2:4-5, 18.

Gives a brief review of some definitions of counseling found in the literature to illustrate divergent viewpoints concerning particular responsibilities of the counselor. Solution of the rehabilitation counselor's problems when confronted with policies which conflict with professional standards demands that agencies and counselors recognize the realities of the situation and change policies accordingly. Factors influencing the counselor's successful operation are discussed.

822. National Council on Psychological Aspects of Physical Disability

Problems and issues in rehabilitation counseling; report of a symposium held in connection with the American Psychological Association and... New York City, September 3, 1957. Washington, D.C., Off. of Vocational Rehabilitation, 1958. 20 p. (Rehab. Serv. ser. no. 440) Mimeo.

Contents: Should we "indenture" rehabilitation counselors?, James S. Peters, II. -Are there unique problems with the chronically ill?, John E. Westeen. -Are rehabilitation counselors different from other counselors?, Abraham Jacobs. -How to arrange the practicum in rehabilitation counselor training, J. E. Muthard. -Discussion, Morton A. Seidenfeld. -Discussion, Frederick A. Whitehouse.

#### WALKING--EQUIPMENT

823. Becker, Folke (V.A. Hospital, Dublin, Georgia)

Use of sand as an ambulation medium in gait retraining and correction of faulty foot posture, by Folke Becker and Willis P. Denny. Arch. Phys. Med. and Rehab. May, 1958. 39:5:316-318.

Advantages of the use of a sand area in gait retraining, correction of faulty foot posture and poor weight distribution, and in toning and strengthening the smaller muscles of the foot and ankle are described. An added psychological advantage for the patient is that the use of sand in the place of a nonresilient or

#### WALKING--EQUIPMENT (continued)

firm surface promotes confidence; the fear of falling is removed. The sand area also permits application of better and more efficient treatment technics in the very early phase of the treatment program, thus decreasing length of hospitalization. Instructions for constructing such an area in the clinic and the equipment needed are included. Methods of the treatment program are described.

#### WHEELCHAIRS

824. Huddleston, O. Leonard (Calif. Rehab. Center, 1 Pico Blvd., Santa Monica, Calif.)

The wheelchair fender drive, by O. Leonard Huddleston and John W. Campbell. Arch. Phys. Med. and Rehab. May, 1958. 39:5:314-315.

The fender drive attachment was designed primarily to aid those who are so handicapped that they cannot bring the hands back to the starting position for propelling a wheelchair. It has allowed those with limited range of motion of shoulder extension or elbow flexion to increase the wheelchair speed. For those with limited range of motion of finger flexion, it provides a means of making the gross grasp between fender and rim of the wheel where they are unable to grasp the rim alone. Construction, usage, and arrangement of the device are described and illustrated. The fender drive has been received enthusiastically by those with normal arms, as well, since it permits them to propel the chair without soiling the hands or clothing on dirt picked up by the tires of the wheel.

#### WORKMEN'S COMPENSATION

825. Association of Casualty and Surety Companies

A rehabilitation program. New York, The Assn. (1957). 8 p.

An outline of a suggested rehabilitation program prepared by the Advisory Committee of the Claims Bureau of the Association and recommended for consideration by the Association's member companies. The program has two distinct but closely related phases--physical rehabilitation and vocational rehabilitation. The insurance industry accepts the premise that physical rehabilitation is a part of medical care under Workmen's Compensation and believes that the carrier-sponsored physical rehabilitation program will prove most effective in returning compensation cases to employment. Advantages of the voluntary program of the insurance carrier are discussed and administrative aspects considered.

Available from Assn. of Casualty and Surety Companies, 60 John St., New York 38, N. Y.

#### WORLD VETERANS FEDERATION--REPORTS

826. World Veterans Federation (16, rue Hamelin, Paris 16e, France)

Rehabilitation at the Seventh General Assembly of the...; report on the meeting of WVF rehabilitation consultants. Rehab. Bul., World Veterans Fed. 1958. 14:4-11.

The Board of Rehabilitation Consultants, World Veterans Federation, reviewed rehabilitation programs carried out since the previous General Assembly and issued directives, with recommendations for the implementation of new programs. Emphasis in WVF rehabilitation programs has been on technical assistance, particularly on the training of personnel. Projects for 1958-1959



## WORLD VETERANS FEDERATION--REPORTS (continued)

include the sponsoring of seminars and conferences, training courses for Latin American countries, and attention to various aspects of the total rehabilitation program. Progress of programs in individual countries is reviewed and plans for future action outlined in each case.

### New Books Reviewed

## AMPUTATION--OCCUPATIONAL THERAPY

827. Wellerson, Thelma L.

A manual for occupational therapists on the rehabilitation of upper extremity amputees. Dubuque, Iowa, Wm. C. Brown Co., c1958. 124 p. illus. Spiral binding.

Published under the auspices of the American Occupational Therapy Association.

A manual used in the instruction of undergraduate students of occupational therapy in the treatment of amputees, it includes the complete treatment process and would be equally applicable for the instruction of physical therapists. Material covers: 1) a description of prosthetic appliances and their parts, 2) techniques and considerations related to the pre-prosthetic preparation of the amputee, and 3) training in the use of, and in performance evaluation of, prosthetic appliances for amputations below the elbow, above the elbow, and shoulder disarticulations. Particularly useful are numerous illustrations and step-by-step instructions for the performance of daily living activities. Together with the two manuals prepared by Marguerite Abbott (see Rehabilitation Literature, Mar., 1958, #338 and #342), it serves as core information for undergraduate education of therapists in the treatment of patients with orthopedic and neurological conditions.

Available from Wm. C. Brown Co., Dubuque, Iowa.

## ASTHMA--MEDICAL TREATMENT

828. Speer, Frederic

The management of childhood asthma. Springfield, Ill., Charles C Thomas, Publ., 1958. 116 p. figs.

A detailed medical text on the diagnosis, etiology, and control of asthma, based on the allergic approach as presented in the teaching program of the pediatric services of the University of Kansas and Children's Mercy Hospital, Kansas City. Dr. Speer discusses reactions of the child and his family to asthma and stresses the importance of parent education, especially of the mother since she is mainly responsible for care of the child. In the chapter dealing with diagnosis, clinical symptoms of asthma and the most common conditions confused with the disease are discussed. Allergens are identified, their source indicated, and the reactions they cause explained. Detailed instructions for clinical and laboratory studies used in determining causes of asthmatic reactions and sources of allergens are given. A chapter covers general management of asthmatic attacks, the use of drugs in treatment, and specific allergic treatment. Techniques for hyposensitization are described. Final chapters discuss the management of problem cases and fundamentals of allergic cookery. Bibliography of 96 references.

Available from Charles C Thomas, Publ., 301-327 E. Lawrence Ave., Springfield, Ill., at \$4.75 a copy.

## CEREBRAL PALSY--BIOGRAPHY

829. Dean, Vera

Three steps forward. London, Faber and Faber, 1957. 191 p.

The autobiography of an English girl so severely handicapped by cerebral palsy that she was unable to do anything for herself until she was fifteen and came under the care of Mrs. Eirene Collis who was just starting her work for the cerebral palsied in Great Britain. Vera's speech was unintelligible so that she was thought to be mentally defective. The story tells of her childhood spent mainly in one hospital or another, her training under Mrs. Collis who encouraged her to become independent, and her accomplishments, culminating in the writing of this book.

Available from Faber & Faber, 24 Russell Square, London, W.C. 1, England, at 15s a copy (\$2.70).

## DEAF-BLIND--BIOGRAPHY

830. Smithdas, Robert J.

Life at my fingertips. Garden City, N. Y., Doubleday & Co., 1958. 260 p. \$4.00.

Stricken with spinal meningitis when he was five years old, Robert Smithdas lost his sight and retained only partial hearing which he lost completely by the time he had completed the fourth grade. This is the story of his education at the Perkins Institution and college at St. John's University where he graduated with high honors, going on to receive a Master's degree from New York University. He was the second deaf-blind person to complete college. Currently the author is employed by the Industrial Home for the Blind, Brooklyn, making some 250 lectures a year and managing life on his own in an apartment near his work. His autobiography abounds with humor and the adventure of living in spite of his serious handicaps.

## HEART DISEASE

831. White, Paul Dudley

Rehabilitation of the cardiovascular patient, by Paul Dudley White (and others). New York, Blakiston Div., McGraw-Hill Book Co., 1958. 176 p. illus., figs.

Four authorities in the field of cardiovascular rehabilitation--Drs. White, Howard A. Rusk, Philip R. Lee, and Bryan Williams--offer a practical manual for all physicians faced with the management of patients presenting varied types of cardiovascular disabilities. Specific procedures for use with patients with congenital heart disease, rheumatic fever and/or heart disease, hypertension, hypertensive heart disease, and coronary artery disease are described. The chapters on cerebral vascular disease and the rehabilitation of patients with hemiparesis or hemiplegia are especially detailed, illustrated with charts for use in evaluation and with pictures showing specific rehabilitation procedures. The authors emphasize social, emotional, and vocational aspects of management of the patient. Much of the material is presented for the first time and reflects recent advances and experiences in the field. Each chapter is followed by a bibliography, especially lengthy in the one dealing with cerebral vascular disease.

Available from Blakiston Division, McGraw-Hill Book Co., 330 W. 42nd St., New York 36, N. Y., at \$7.00 a copy.

## MENTAL DEFECTIVES--NURSING CARE

832. Gibson, John

Mental deficiency nursing, by John Gibson and Thomas French. London, Faber and Faber, 1958. 182 p.

Prepared as a manual for student nurses working for the first time in a hospital for mental defectives, this book would also interest the public health nurse, social worker, parents and relatives of a mentally defective child. It describes, in terms readily understood by the lay person, various types of mental deficiency, their causes, the physical care needed by defectives, hospital and nursing routines and procedures. The special type of care needed by specific types of defectives is also considered, as well as their training, recreational needs, and care in the institution. Naturally much of the book is devoted to information useful to the nurse--the common symptoms and signs of physical disease, bedside nursing practices, drugs used in treatment, procedures for sterilization and disinfection of equipment, and routines for medical examination of patients at admittance. A glossary of unusual terms in the area of mental deficiency, a table of abbreviations, and lists of weights and measures add to the book's usefulness. Since the book is a British publication, some terms would be unfamiliar to American readers.

Available from Faber and Faber, Ltd., 24 Russell Square, London W.C. 1, England, at 12s 6d a copy (approx. \$2.25).

## NURSING--PERSONNEL

833. Reese, Dorothy Erickson

How to be a nursing aide in a nursing home; illustrations by Marguerite Burgess. Washington, D.C., Am. Nursing Home Assn., 1958. 195 p. illus. Paperbound.

A manual of instructions on nursing procedures and practices, prepared for use in teaching nursing aides in nursing homes. It describes the nursing home setting and responsibilities of the aide, in giving nursing care under supervision of a professional nurse. Aides so instructed learn how to give simple nursing care and how to help patients become as independent as possible in their own care. Each chapter consists of an introductory explanation of the routine, a section titled "What to do," and a checklist of questions on "How well did I do?" Nursing aide instructors will find this book useful, especially when used in connection with a guide prepared by the U. S. Public Health Service (publ. no. 342, available from the U. S. Superintendent of Documents, Government Printing Office, Washington 25, D.C., at 25¢ a copy), which describes a 4-step method of instruction for teaching.

This manual available from American Nursing Home Assn., 1346 Connecticut Ave., N. W., Washington 6, D. C., at \$2.50 a copy.

## PHYSICAL EXAMINATION

834. Kellogg, William A.

Pre-employment disability evaluation. Springfield, Ill., Charles C Thomas, Publ., c1957. 155 p. graphs, forms.

A manual outlining detailed policies in regard to applicants applying for employment, with special reference to various disabilities, diseases and conditions. Information contained in the description of disabling diseases and conditions is based on the author's experience in the personal examination of



## PHYSICAL EXAMINATION (continued)

some 20,000 applicants for employment in industry. For each disability described, policies are suggested as an aid to the medical examiner in determining specific job classifications in line with physical capacity. Dr. Kellogg, retired Medical Examiner for the Long Beach, Calif., Division of Douglas Aircraft Company, offers this authoritative manual on techniques of the pre-employment examination, the restrictions advisable in certain conditions, and information in regard to compensation laws. Instructions for filling out record forms are included.

An index adds to the reference value of the book which also has perforated pages and ring-holes to allow for removing pages and inserting in a standard size binder. This feature permits changes to meet individuals requirements of the medical examiner.

Available from Charles C Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, Ill., at \$10.50 a copy.

## REHABILITATION

### 835. Jokl, Ernest

The clinical physiology of physical fitness and rehabilitation. Springfield, Ill., Charles C Thomas, Publ., c1958. 194 p. illus., diag.

It has been generally observed that rehabilitation has developed pragmatically far beyond its theoretical base. Dr. Jokl, Medical Director of the Rehabilitation Center, University of Kentucky, presents here an outline of a comprehensive theory of rehabilitation. Due credit is given to the conceptual contributions of medical pioneers of the late 19th century--to the Cohnheim-Welch thesis of adaptations in physiology and pathology, to the Duchenne-Jackson concept of the attainment of motor aims as the chief objective of the neuro-muscular system in action, and to Starling's concept of a "Wisdom of the Body" in reference to autonomic adaptations. The author develops and applies Sir Charles Sherrington's classic concept of "The Integrative Action of the Nervous System" to make it the guiding pattern of thought for rehabilitation clinicians. By numerous case histories, illustrations and charts, Dr. Jokl documents the effect of physical training and exercise on the rehabilitation process. Since many of his examples come from the fields of sports, musical study, and athletic training, the documentation is of interest as much as the principles which are illustrated.

Available from Charles C Thomas, Publ., 301-327 E. Lawrence Ave., Springfield, Ill., at \$8.50 a copy. Published simultaneously in Great Britain by Blackwell Scientific Publications, Ltd., Oxford, England and in Canada by the Ryerson Press, Toronto, Canada.

## REHABILITATION--EQUIPMENT

### 836. Moore, Josephine C.

Adaptive equipment and appliances. Ypsilanti, Mich., The Author, 1957. 131 p. illus. Paperbound.

Information in the manual covers principles involved in the construction of forearm hand appliances, the kinesthetic aspects of properly fitting and/or using them, basic instructions on how to work with different materials and mediums used in constructing adapted devices, a section on the more commonly used aids for daily living activities, and their source of supply. A

## REHABILITATION--EQUIPMENT (continued)

bibliography lists references from texts, papers, periodical articles, and unpublished manuals which provide additional insight in the field of adaptive equipment and appliances.

Available from Overbeck Bookstore, 1216 South University Ave., Ann Arbor, Mich., at \$3.50 a copy.

## SOCIAL SERVICE (MEDICAL)

### 837. Field, Minna

Patients are people; a medical-social approach to prolonged illness. 2d ed. New York, Columbia Univ. Pr., 1958. 280 p.

Brought up-to-date with the addition of information on the latest research and improvements in the field of social medicine, this second edition of Mrs. Field's book will have continued interest for professional and lay persons alike. The treatment of chronic illness as defined here is based on work done at Montefiore Hospital and on the concept that patients must be treated as individuals, with problems extending beyond the facts of the present illness. Especially helpful for families confronted with illness within the family circle, it explains the psychological aspects of sickness and disability, as well as the physical effects, and illustrates with many case histories how the integration of medical and social care can restore the ill person's sense of personal worth and self-sufficiency. The roles and responsibilities of professional personnel engaged in the rehabilitation program are analyzed; a new chapter on rehabilitation as part of total medical care has been added.

Available from Columbia University Press, 2960 Broadway, New York 27, N. Y., at \$4.50 a copy.

## SURGERY (PLASTIC)

### 838. Mayer, D. McCullagh

Anomalies of infants and children, by D. McCullagh Mayer and Wilson A. Swanker. New York, Blakiston Div., McGraw-Hill Book Co., 1958. 454 p. illus.

The authors, specialists in the field of maxillo-facial surgery and plastic surgery, have brought together for the first time in one volume knowledge concerning congenital anomalies and anatomical derangements following injury or disease in children. Organized for simple and rapid reference, it would be helpful to the physician called upon to explain to parents what can and should be done about anomalies, the correct time for treatment, and what can be expected as the outcome of treatment. The authors have devoted a minimum of space to surgical techniques and operative procedures, in most cases only outlining methods in order that the physician may visualize the problem. Chapters are included on general aspects of pediatric surgery, various anomalies of all parts of the body, congenital cancer, burns in childhood and their management, and accident prevention in children.

Available from Blakiston Division, McGraw-Hill Book Co., 330 W. 42nd St., New York 36, N. Y., at \$12.00 a copy.

## VOCATIONAL GUIDANCE

839. Community Studies, Kansas City (724 Railway Exchange Bldg., Kansas City 6, Mo.)

Report on the occupational training program for the mentally retarded and severely handicapped of Greater Kansas City, by Stanley W. Johnson, William Slawson, and Susie S. Calvert. Kansas City, Mo., Community Studies, 1957. 128 p. tabs., forms. (Publ. 112) Paperbound.

Because of the need to evaluate possibilities and limitations of vocational training for the mentally retarded and the severely handicapped, disclosed by the Kansas City Rehabilitation Survey and Demonstration (see Rehabilitation Literature, July, 1957, #899), a training program was established within the framework of Goodwill Industries to evaluate socially, emotionally, and vocationally persons falling within the two groups. In addition the program was to provide them with training and guidance according to their individual needs as observed in the evaluation phase of the program. As a final objective, it hoped to provide placement in sheltered workshops or competitive employment. This report covers the original research memorandum outlining the objectives and administrative policies of the program, procedures of various phases of the program, and a wealth of data collected during the study, gained through use of a number of psychological tests. Special problem areas disclosed in the study are discussed. An appraisal and recommendations stemming from the experience are offered. Appendixes contain forms used in the study, an 8-page bibliography, socialization scale, and a financial report.



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